

AMERICAN MEDICAL TIMES

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No. XXIII. } VOL. I. } NEW SERIES. NEW YORK: SATURDAY, DECEMBER 8, 1860. \$3 per Annum. Single Numbers 10 Cents.

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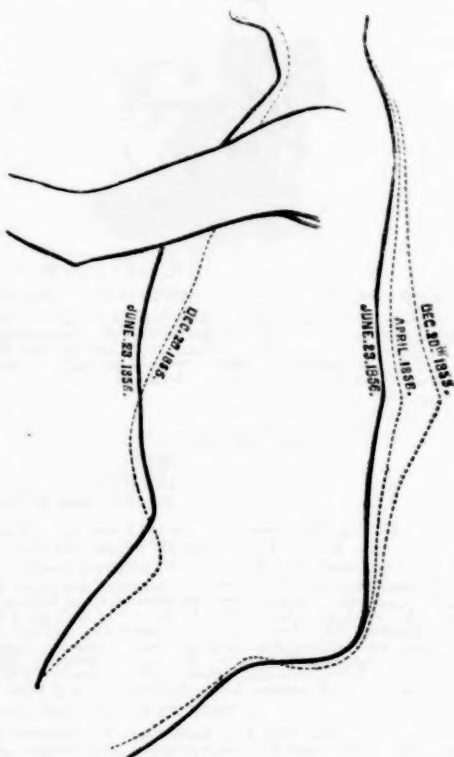
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LECTURE I.

To a truly scientific physician, nothing is more evident, than that the physiology and pathology of the human organism have not been sufficiently elucidated. The medical sciences are by no means completely developed; they never will be, for they combine a knowledge of all the varied and intimate physiological functions and obscure pathological changes of the physical and mental organs of the human frame; they never can be, for their basis, the human organism, will and must undergo changes and further development. Those powerful minds who have done most, and are still in our times working most successfully, for the advancement of medical knowledge, have been and are still the first to admit the truth of this proposition, and are the first also to acknowledge that more remains to be done than has been done hitherto. Fortunately, however, there are a large number of subjects so well known and so clearly understood, that even in this ever-changing science we are enabled to point out the way to further investigations, to arrange in mathematical order our conclusions, and win thereby for medical science not only a place amongst the so-called exact sciences, but the acknowledgment of educated men, that it is the noblest and most comprehensive amongst them.

Having the honor, as I believe, of being the first in this country to teach infantile pathology as a distinct and fully independent branch of medical education, I did not deem it proper to begin with a subject liable to be misunderstood, mistaken, or misconstrued. A subject of this description I have therefore determined, in this preliminary course, to consider at length, viz. the Physiology and Pathology of Dentition—a subject which is but imperfectly understood. But there should be nothing mysterious about it; the process of the early formation and the final development of teeth is well understood, and on this safe basis we are able to rest our conclusions relating to pathology and therapeutics. So little, however, can we rely on the correct interpretation of facts by observers, that even here we shall have to contend with prejudice and ignorance.

You know that among the public at large, even among the educated part of the community, teething is regarded as one of the two scapegoats of all the diseases of infantile age. Teething and worms are among mothers acknowledged as the universal and all-powerful sources of disease. Whenever an innocent ascaris or a puny oxyuris is observed in the feces of a child, worms are, for years to come, considered as the undoubted cause of any disease that may occur. Teething, a normal, physiological development, taking place at an age which for many reasons is subject to a large number of diseases, has a strong hold on the imagination of frightened maternal minds. The first dentition generally occupies the first two years of early infantile life; a period in which the child is peculiarly liable to diseases both numerous and frequently of a dangerous character. As the protrusion of a tooth (and in the average a tooth will cut every month) is a remarkable phenomenon, and is something new and visible to the eyes of even the most shortsighted, it is believed to be the cause of every unfavorable occurrence in early life. A mother will bring to you her child, thin, emaciated, and anæmic, with sunken eyes

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and the wrinkled physiognomy of old age, and tell you that she is well aware the poor thing is suffering from teething, and that therefore nothing can be done to alleviate its sufferings. She will never be convinced that her child is dying from her own neglect; but she has allowed a slight catarrh of the intestines, perhaps, to degenerate into incurable ulceration of their follicles. Thus you will learn that ignorance and prejudice will attribute all, or nearly all, the diseases of the infantile age to a normal process. To the same cause are attributed inflammations of all the external and internal organs, the brain and its membranes, air passages and lungs, mouth, throat, stomach, and intestinal canal; as also cough, vomiting, diarrhoea, and dysentery, derangements of the secretion and emission of urine, chronic eruptions of the skin, convulsions and paralysis, exudations of serum, and extravasations of blood, in any of the numerous organs of the infantile body. Teething is thus considered the efficient cause of most of the terrible diseases which prove fatal to thousands of the rising generation. I can assure you that the readiness to attribute all the diseases of infantile life to teething has destroyed more human beings than many of the wars described in history. For though parents are so much impressed with the belief of the dangers of teething, still they never think of attempting to save the lives of their children by counteracting the supposed life-endangering power of a normal process.

The common supposition that teething is a predisposing cause of disease, nay, even a disease in itself, prevails over all civilized and half-civilized countries. What is now, however, the belief of the public, has been the conviction of the medical world through centuries, almost down to the present time. General experience shows that the persuasion of the scientific world, after having been given up to make room for more correct opinions, has remained in the public at large; and it is to be feared that it will not soon be removed. And it would be fortunate if this prejudice were confined to the public. But unfortunately it still lingers in the medical profession, and it is for this reason that I have dwelt upon it so lengthily. Nothing is more common, than to hear doctors of medicine, young and old, in cases of infantile disease, diagnostic teething, after mother and nurse have done so before; and nothing is more frequent than to be told that the death of a child was the consequence of dentition. I have seen, in this city, a certificate of death, in which the direct cause of the death of a child five years of age, with his jaws full of teeth, was attributed to teething. Consider for one moment the absurdity of the conclusion that a normal, physiological process is fatal to the existence of a living being. Who has ever ventured to assert that menstruation, or pregnancy, or the climacteric years, are the direct causes of death? It is equally absurd to assert it of dentition; yet such statements are daily made by physicians. According to the census of England, in the year 1857, there were in the United Kingdom 3,992 deaths from teething, 3,791 of which occurred in children of less than two years; 201 in children of from two to five years. Between the years 1845 and 1850, there have died in London, according to the report of the registrar-general, no less than 3,466 infants from teething, and the disorders caused by the general irritation attending dentition; the total number of deaths from all causes being 258,271, giving the proportion of one death from teething to seventy-four from all causes. And the census of the state of New York offers the following numbers: In the whole state there died, in the year 1855, from teething, 626 children; of these certificates of causes of death, 254 were made in New York County, 132 in Kings, 35 in Erie, 24 in Rensselaer, 41 in Albany, 30 in Monroe. It is not stated whether a part of those unfortunate children who died from teething had not the full contingent set of teeth of first dentition.

Let me first state that teething, in the common acceptance of the term, is not the gradual development or formation of teeth, but the time and act of their penetrating the gums. This takes place, in the average, beginning from

the sixth, seventh, or eighth months to the twenty-fourth or thirtieth month of life. I may also in this place enumerate the symptoms which are often observed during, or (shall I say) in consequence of teething. In a large number there are no symptoms at all. The first, and the second, and perhaps all the other teeth, will cut, and without any disease or trouble of any kind. In others the mouth is hot and red, with the exception of those thin parts of the gums below which the teeth are visible; even the lips have a higher color and temperature; the child puts its fingers, or anything in its reach, into the mouth; is pleased with having its gums rubbed; bites the nipple when sucking; or if the mouth is inflamed and aphthae are present, and the tonsils swollen, it is disinclined to take the breast, trying it often, but just as often loosing its hold. At the same time there is a copious salivation, the saliva being usually tough, viscid, and more like mucus than saliva. The child has all the usual symptoms of slight or moderate fever; warm hands, a rapid pulse, flushed or pale face, intense thirst, vomiting, constipation, or diarrhoea with green mucous passages. The most common of these is diarrhoea. Pain in the bowels is very common, as digestion appears disturbed; tears are secreted abundantly; the bloodvessels of the conjunctivae are injected. A slight cough, hoarseness, pain in passing the scanty urine, secretion from the nose, are not unfrequent occurrences. Such symptoms are apt to disappear entirely in three or four days or a week, with or without treatment. But sometimes the symptoms are graver from the beginning, or they are aggravated by endemic or epidemic influences, or the peculiarities of individual dispositions to disease.

In some cases the fever will not disappear so readily without leaving grave consequences; the pulsations of the heart and arteries will not decrease in number; the action of the heart will not be of less power and impetuosity than before; the tongue, mouth, and lips remain dry; thirst so extreme that you cannot take the tumbler from your little patient's hands before he has completely emptied it. Respiration is accelerated, numerous, short, and superficial. The eye is sensitive to the light; headache becomes manifest from the corrugation of the muscles of the eyebrows, and the peculiar aspect of suffering. Excretions and secretions are scanty, feces dry and hard, urine red. Vomiting and diarrhoea, if they had been present before, now cease. The child will appear more depressed, but easily excited; slight local convulsions will prove the introduction to severe attacks, which generally terminate fatally. In other cases the tongue is hard, dry, black; teeth and lips of the same color, corresponding with the symptoms characteristic of typhoid fever. Such cases are very likely to terminate fatally. The last symptoms in such cases are paralysis of some abdominal organ, especially of some part of the intestine. Another train of symptoms attributed to teething, is the following: A child is feverish; pulse frequent and small; temperature of the extremities considerable; but the face is pale from the beginning; lips and mucous membrane of the mouth hot, red, and dry; tongue covered with a greyish white fur; restlessness; anxiety; respiration hurried and short; vomiting and diarrhoea. Frequently such a depression of the general strength is combined with these symptoms—the more so as the most intense and often repeated vomiting and diarrhoea are very apt to exhaust the little patients—that the child dies in a day or two in convulsions consequent upon inanition, and local or general paralysis. In a certain number of cases the principal symptoms cease, and the child recovers. In a certain other number vomiting will stop, but the diarrhoea continues. The deluded mother who felt a little uneasy at the severe character which teething seemed to have assumed, is gratified, after the main symptoms have passed by, to find that her child is suffering from diarrhoea only, and that in this manner teething will be made easy and comfortable. But alas! this deception on the part of the mother is too often fatal to the child. The diarrhoea is allowed to go on for days and weary weeks; the digestion becomes hopelessly

destroyed; the abdomen immensely distended with gas; the mesenteric glands swollen and impermeable to chyme; the catarrh and over secretion of the glandular follicles of the intestine lead to deep ulcerations of the intestinal canal; the diarrhoea becomes also more frequent, serous, mucous, or bloody; the arms and legs of the little sufferer dwindle away; and the countenance becomes emaciated and senile. The scene closes with a consoling certificate from some doctor or druggist, affirming that teething was the cause of death. Thus millions of infants are destroyed by ignorant, prejudiced, and incorrigible advisers. I say incorrigible. I know that mothers will always consult their prejudices first, the prejudices of their neighbors next, perhaps at some late time common sense, and finally they may seek the advice of an educated medical man. I know that a mother who has just consigned a beloved child to the grave, will go home with throbbing heart, and repeat the follies which cost her the child she has lost. If you remonstrate with her for neglecting the second, as she did the first, she will reply, Was not the child teething? Would you prevent the child from teething naturally? Is not teething necessary? Was it her fault that the child got teeth with difficulty? The true inference would be that nature neglected much, and that it was greatly at fault in the matter of dentition. I once read the newspaper announcement of the death of a child, in which the parents, while inviting all their friends and acquaintances to attend the funeral, affirmed that "the Lord hauled the dear child up to heaven by the teeth." Now, in this case, neither the father nor mother was at fault.

I shall not, in this place, proceed to point out the other symptoms of diseases attributed, whether rightly or wrongly, to teething, as the symptoms of cerebral inflammations, of convulsions, of general and local paralysis. At a later period in this course of lectures, I shall return to these subjects for practical purposes. It will better answer my design to give you a sketch of what dentition is, anatomically and physiologically, in order to show clearly the normal and abnormal course it may take. I shall thus be able to explain and *limit* the numberless complaints generally attributed to teething. If I can relieve your minds of the impression that dentition destroys the thousands and even tens of thousands of innocent beings who are yearly sacrificed in reality to the prejudices of other times, I shall be abundantly satisfied.

CLINICAL LECTURES.

DELIVERED AT THE N. O. CHARITY HOSPITAL

BY AUSTIN FLINT, M.D.,

PROF. OF CLINICAL MEDICINE AND MEDICAL PATHOLOGY, IN THE N. O. SCHOOL OF MEDICINE.

LECTURE I.

ON PULMONARY EMPHYSEMA.

Embarrassed respiration and lividity not distinctive of Emphysema.—Mode of determining their true cause.—Existence of Pleurisy with effusion.—Anatomical characters of Emphysema.—Condition of the air-cells and tubes.—The condition of the lung explains the dyspnoea and lividity.—History of a case.—Its Treatment.

GENTLEMEN—In my last clinical lecture, I invited your attention to a patient in one of my wards who was suffering greatly from dyspnoea, and who presented considerable lividity of the proboscis and face. These were the most prominent of the symptoms in the case. The respiratory function was seriously compromised. The suffering in consequence was great, and the lividity showed incompleteness of the normal blood-changes which should be wrought by the interchange of certain elements with the atmosphere.

I stated to you that this patient was affected with pulmonary emphysema, and that the case would probably end fatally within a short time. This prognosis has been ful-

filled. Death took place the day before yesterday. The dyspnoea increased, lividity became more marked, and the patient died from asphyxia and exhaustion combined. The contents of the chest have been removed, and are on the table before me. I shall devote this lecture to some remarks on emphysema in connexion with the history of this case, and the morbid appearances presented after death.

The prominent symptoms in this case were embarrassed respiration and lividity. Now these symptoms are not distinctive of emphysema. We could not predicate on them the existence of emphysema. These symptoms are present in a variety of affections; they occur in certain diseases of the heart; in pneumonia when it extends over a large portion of the lungs; in acute phthisis; in pleurisy with large effusion; in capillary bronchitis, asthma, and obstruction of a bronchus. How did we arrive at the conclusion that the symptoms were not incident to any of these affections, but to emphysema? The history and associated symptoms enabled us to exclude readily some of them. The dyspnoea had existed continuously for too long a period to be consistent with the diagnosis of pneumonia, acute phthisis, capillary bronchitis, or asthma. Moreover, other symptoms which we should expect to find in connexion with either of these affections, were wanting. Thus, reasoning by way of exclusion, we could readily eliminate these; but the other affections named were not so readily excluded by the history and symptoms. It was necessary to call to our aid the results of a physical exploration of the chest. Having recourse to these, we were able to exclude without difficulty other of the affections. Disease of the heart, pleuritic effusion, and bronchial obstruction, were eliminated by finding certain signs wanting which should have been present, had these affections existed. In this way, we reached the conclusion that the prominent symptoms in the case were due to emphysema, employing a method of reasoning often extremely serviceable in the discrimination of diseases. But the diagnosis was rendered more complete by the presence of certain physical signs which positively denoted the existence of emphysema, and the examination after death has verified the correctness of the diagnosis.

Let me now direct your attention to the anatomical characters of emphysema, as presented in the lungs before me. But before speaking of these, I will refer you to certain appearances which show that at some period of the life of the patient, not very recent, he was affected with pleurisy. This is a fact of interest, since it is very probable that the attack of pleurisy may have had something to do with the production of the emphysema. In removing the lungs from the chest, they were strongly adherent to the thoracic walls on the left side, and entirely free from adhesion on the right side. You observe that the whole of the left lung is invested with a firm false membrane, which is attached to the visceral pleura by an adventitious structure resembling the areolar tissue. Over the lower part of the lung the false membrane is thick and leathery, and on slitting it up, several ounces of a puruloid liquid escape. This liquid is exterior to the lung, being situated between the false membrane and the pleura covering the lung. It is the residue of a liquid effusion which was probably large when the patient was affected with pleurisy, before the pleuritic adhesion had taken place. This liquid still separates the false membrane from the visceral pleura in some small spaces. Directing attention to the lungs, you perceive that they are notably voluminous. In a healthy chest, when it is opened, the lungs, if not adherent to the thoracic walls, collapse more or less, leaving a vacant space between them and the walls of the chest. The lung in this case was not collapsed on the right side, in which no adhesions existed. It is now two days since the organs were removed, and still, as you see, their volume is remarkably large. They look as if they had been artificially inflated. This is one of the characters of emphysema, the special anatomical condition consisting in permanent dilatation of the air cells. The lungs were abnormally expanded during life, owing to the dilatation of the chest. They remain so after death. The

elasticity belonging to these organs in health is so much impaired that the expanded volume continues, notwithstanding they have been handled considerably, and if suspended they would retain much of their present volume until dried. Another of the characters belonging to lungs affected with emphysema is an exsanguine appearance. They appear to be absolutely devoid of blood. Even in the posterior portions, which are usually found to be congested after death, the vessels seem to be empty. This represents, to some extent, a morbid state, existing, as we shall presently see, during life. Another character is a doughy or cushiony feel, which you will find to be well marked in this specimen. Another character is a remarkable dryness of the tissues; when a section is made no liquid escapes, and very little is squeezed out by pressure. These are the obvious characters of emphysema. On close examination of the cut surfaces, in some specimens, the cells are seen to be enlarged, and sometimes cavities greater or less in size and more or less numerous, are apparent. These are caused by destruction of the cell walls and coalescence of the cells. They are especially conspicuous in dried preparations. I have a beautiful specimen of this description which I obtained in this hospital last winter; the lungs presenting, on section, an appearance of these organs in the batrachian species of animals. Cavities of large size are occasionally produced by coalescence of the cells. These appearances are not presented in this specimen. The cells seem to be simply and uniformly dilated.

Emphysematous dilatation may be limited or diffused over the whole lungs. In this specimen it extends over the whole of the right lung, but is relatively greater in the anterior and superior portion, as is usually the case. On the left side it extends over the whole upper two-thirds of the lung, and the lower third, instead of being expanded, is contracted. On cutting into this contracted portion, the substance of the lung is found to be condensed. It is carnified, and contains, for the most part, no air. This appearance claims notice as perhaps having a bearing on the production of the emphysema. On making repeated sections into the carnified portion of the lung, I find an oblong, irregular cavity, which appears to be lined with a membrane, from which I scrape a bloody, mucous-like substance. This has not the appearance of a tuberculous cavity. It is probably a dilated bronchial tube. I find no tubercles present anywhere. The bronchial glands are enlarged. Here, at the bifurcation of the trachea, on each side, is an enlarged gland the size of an almond. On cutting into it an abundance of carbonaceous matter is apparent.

Let us observe the condition of the air tubes. Following the trachea to the bronchi, and the sub-divisions of these as far as they can be traced, they present no appearance of contraction or obstruction. The mucous membrane everywhere is covered with a thick layer of mucus. When this is scraped away the membrane is intact. On the right side the membrane is reddened. The membrane seems to be thickened, but it is consistent, and there are no ulcerations.

The heart has been removed, attached to the lungs by its vessels. It is about the normal size. I open the cavities. The walls are about the normal thickness, and present the appearance of healthy muscular structure. All the cavities contain some loose, soft, black coagula, and each ventricle contains, also, a colorless clot intertwined with the tendinous cord, and from the left ventricle projecting for several inches into the aorta. These clots suggest remarks which I defer for some other occasion. All the valves of the heart are sound.

Reverting to the condition of the lungs, can we explain the rationale of the prominent symptoms in the case, viz. the dyspnoea and lividity? By reference to this condition, a little attention will, I think, render the connexion sufficiently intelligible. The effect of a permanent dilatation of the air cells is an abnormal expansion of the lungs during life, continuing, as we have seen, after death. Owing to the loss of elasticity, the lungs no longer collapse in the absence of a force producing their expansion. What is the

effect upon the respiratory movements? The range of the expansion of the chest is diminished. The permanently expanded lung, in the first place, limits the expiratory movements; the chest contracts less with the acts of expiration, and, consequently, the inspiratory movements are restricted. The chest is habitually in the state of an inspiratory act partially performed; or, in other words, the expiratory act is habitually performed incompletely. You see, with a moment's reflection, that in this way the range of the alternate expansion and contraction of the chest in the alternate acts of inspiration and expiration, is diminished in proportion to the extent of the permanent expansion of the lungs. I can illustrate the point which I wish to explain by this pair of bellows. I separate the handles of the bellows as widely as possible, and thereby draw in a certain quantity of air; then I bring the handles as near together as possible, and I expel the air from the bellows. It is true that the comparison is not exact, because the chest is never so completely voided of air as the bellows, but the parallel is sufficient for the illustration. Now, suppose there is some obstacle interposed to prevent the approximation of the handles of the bellows, and the air is consequently expelled in part only, the range of the blowing capacity in the bellows is evidently diminished just in proportion as the expulsive movement is prevented. In an analogous manner the permanent expansion of the lungs in emphysema, by opposing an obstacle to the movements of expiration, restricts the extent of breathing capacity.

How does this compromise the respiratory functions? There is no deficiency of air within the cells of the lungs. An over abundance of air, in fact, belongs to the morbid condition. But it is residual or stagnant air which is abundant. The volume of moving or tidal air, in the acts of inspiration and expiration, falls below the quantity required for the function of respiration. The respiratory function is dependent on a sufficient quantity of moving air. This being inadequate, the blood fails to receive from the air inspired a sufficient quantity of oxygen, and the expired current fails to carry away from the blood a sufficient quantity of carbonic acid gas. Hence the interchange of these elements between the blood and the atmosphere is incomplete. Dyspnoea and lividity are incidental to the imperfect accomplishment of the respiratory function. The patient feels a painful sense of the want of fresh supplies of air. This constitutes the symptom called dyspnoea. Impelled by this suffering from the want of air, he instinctively employs laborious efforts to obtain it. Hence are called into play all the muscles which enlarge the capacity of the chest in the act of inspiration, and which compress the lungs by contraction of the chest in the act of expiration. But if emphysema exist to such an extent that the most laborious efforts of breathing are insufficient to satisfy the objects of respiration, not only does the dyspnoea continue, but the imperfection of the blood changes which should be wrought by the respiratory function, are manifested by lividity in parts where the vermilion hue of arterial blood is conspicuous in health, viz. The prolabia, the mucous membrane within the mouth, and, to some extent, the cutaneous surface, especially on the face.

There is another mode in which emphysema compromises the respiratory function, viz. By impeding the circulation of the blood through the lungs. I have pointed out the exsanguine appearance in the specimen on the table. For the same reason that the lungs are exsanguine after death, the blood is deficient in these organs during life. The air in the dilated cells compresses the capillary terminations of the pulmonary artery, and in this way obstructs the passage of blood through the pulmonary circuit. The function of respiration, therefore, suffers from the want of a sufficient supply of blood to the lungs, as well as from the want of a sufficient supply of fresh air. This obstruction to the circulation through the lungs necessarily leads to an accumulation of blood in the right cavities of the heart, and to stagnation in the systemic

veins and capillaries. The lividity is partly attributable to this stagnation, as well as in part to deficient oxygenation of the blood. As a result of an accumulation of blood in the right cavities of the heart, they become distended and enlarged, and ulterior effects which may occur are cardiac hypertrophy and dilatation.

If the anatomical condition which constitutes emphysema be understood, together with the mode in which it compromises respiration and interferes with the circulation, the symptomatology of the affection will be sufficiently intelligible. The signs obtained by the physical exploration of the chest are also understood without difficulty. I do not propose to enter into a consideration of these at this time. I shall consider them in connexion with other cases of emphysema which will come under our observation during the winter. I will simply say that you have only to keep before the mind's eye the permanent expansion of the lungs as you now see them, to understand that, when situated within the chest, the latter will be enlarged in proportion to the increased volume of the pulmonary organs; that the normal oblique direction of the ribs will be diminished in proportion as the thoracic walls are elevated and expanded, and the direction will approximate to a horizontal line; that the costal movements will be less than occurs in labored breathing in health; that, inasmuch as there is no deficiency of air in the air cells, the chest will be sonorous on percussion, and that, since the range of movements of the lungs and chest is diminished, the respiratory sound obtained by auscultation will be weakened. There are certain modifications of the form of the chest, of its motions, of the percussion note, and of the rhythm of the respiratory murmur, which constitute positive physical signs of this affection. These, I shall point out to you on other occasions.

I will now give from my Hospital Book a condensed account of the previous history of the case which has served as a text for this lecture, together with the symptoms and physical signs. I shall not stop to offer any comments, but I shall afterwards devote the remainder of the lecture to some remarks on the pathology and treatment of emphysema.

The patient, a laborer, aged 36, was admitted into the hospital fifteen days before his death. He had been in the hospital eleven days when my time of service commenced. He stated that he was well and strong up to two years ago. He then began to notice deficiency of breath on active exercise. About the same time (he was not certain whether shortly before or after) he began to cough and expectorate. The deficiency of breath, cough, and expectoration progressively increased, but he kept at work until August last, when he was obliged to give up. He did not take to the bed till he entered the hospital. When he entered he was greatly prostrated. The lower extremities were oedematous. The dyspnoea was urgent. He was treated, before he came under my charge, with the syrup of morphia, brandy, good diet, and occasionally the brown mixture. His condition became, in some respects, improved. The oedema of the lower extremities disappeared. He seemed less prostrated.

When I took charge of the patient, the cough was frequent and spasmodic, and he expectorated abundantly muco-purulent matter. The breathing was greatly labored, the inspirations spasmodic, the respirations numbering 36. The face and lips were tumid. The prolabia and tongue were livid, and the face also presented a livid hue. The appetite was good and the bowels regular. The pulse was 120. The surface was cool. The dyspnoea did not prevent him from lying down, and he preferred to lie on the left side.

On physical examination of the chest, the ribs and sternum were raised in inspiration, as if they formed one piece. The larynx descended in each inspiration. The chest presented at its upper part a barrel shape. The lower part was contracted in inspiration. The obliquity of the ribs was diminished. The percussion sound was

everywhere clear. The resonance extended over the præcordia. The sonorousness was not great, but the chest was pretty thickly covered with muscle. The respiratory murmur in front, on the left side, was extremely weak. The inspiratory sound was notably deferred. On the right side, the respiratory murmur was less weak, the expiratory sound prolonged and lower in pitch than the inspiratory. Behind, the murmur was scarcely perceived on the left side, and was feeble on the right side. Sibilant râles were frequent on both sides, and, here and there, mucous râles. The apex-beat of the heart was not discoverable. An obscure impulse was felt in the epigastrium just below and to the left of the ensiform cartilage. The heart sounds were scarcely audible in the præcordia, either at the situation of the base or apex. Both sounds were heard in the epigastrium, the second sound being louder than the first. No cardiac murmur was discovered.

The urine was not albuminous, and I may state in this connexion, that the kidneys after death presented a normal appearance.

My treatment consisted of the chlorate of potassa, half an ounce daily, the syrup of morphia *pro re nata*, brandy three ounces three times daily, and good diet.

The labor of breathing and the suffering from the want of breath continued. The lividity increased, and death took place on the fourth day after the patient came under my charge.

Original Communications.

DIPHTHERIA, AS REGARDS ITS SPECIFIC TREATMENT.

BY WM. MASON TURNER, M.D.,

OF PETERSBURG, VA.

As this dreadful malady has not yet disappeared from our land, but continues to rage in different sections of the country, indiscriminately, I deem it not amiss to spread before the profession a plan of treatment which has proved eminently successful in this region. I beg to assure my medical confrères that I do this without the slightest egotism; I give the treatment not altogether as my own, but *wholly* with the idea of alleviating some of the ills of humanity—resultants of diphtheritic affections—and of adding a willing mite towards removing the sufferings of the people. I have chosen, for good reasons, the *AMERICAN MEDICAL TIMES*, as a most fitting organ through which to make known the peculiar views which follow.

It is not my purpose to go into the etiology, nature, origin, similarity in points of resemblance with other diseases, etc., etc., of diphtheria. All of these points I have fully discussed, as far as my ability enabled me, in a recent number of the *Charleston Medical Journal*. In that article I gave a history, in epitome, of diphtheria from its first appearance, until some twenty-two months ago, in the State of New York, it again showed itself, a most fatal and malignant scourge. I shall not dwell here, then, longer than to state generally that I think the disease is owing to malarial influence, and that it is essentially a blood-poisoning, with a great degeneracy and breaking down of the vital forces—antithetical, in fact, to æsthenism, which is only present in local inflammatory points. I deem it necessary to state this much in defence of my treatment; rather, I should say, in defence of the treatment generally followed here and throughout Virginia. At this point, I may as well say that I do not now by any means agree with the views I entertained and expressed in the article written for the *Charleston Journal*. I refer wholly and emphatically to the opinions I then held concerning the *treatment*. Suffice it

to say for the present, that I then discarded all *specifics*, and clung pertinaciously to *general principles*; clung so pertinaciously, in fact, and with such a strong faith in my remedies, that I buried several of my patients before I relinquished the *old plan*, and sought safety in specifics. To this, however, I may refer again in this paper.

The treatment of diphtheria, like the treatment of most other diseases, is dependent on a multitude of circumstances; on the condition of the patient when seen by the physician—on his means for providing proper sustenance—on the attention he receives—on the peculiar situation in which he may be placed as regards wet or dry localities—on the temperament of the patient—on constitutional tendencies and attributes, etc. Yet, speaking generally, we may materially reduce these circumstantial conditions, and arrange our treatment according to the time we see the patient, that is, for *diphtheria in the early stage*, and *diphtheria in the advanced stage*. The treatment for the early stage is the same as *should* be employed in the advanced stage; yet, owing to physical obstacles, the treatment has to be varied for the latter. When I first encountered diphtheria, I was led to treat it as I would have treated any case of ordinary angina, or any case of local and general inflammation. Depletants, mercurial alteratives, leeches, blisters, caustic and compound sage gargle, constituted my treatment. There is no denying that the greater portion of my patients recovered; yet, knowing what I do now concerning the affection, I cannot attribute their restoration to health entirely to my remedies. Those patients, in whose treatment I employed mercury and local depletants, fared worse; where I did *not* use mercury and local depletants, I *did not lose a case*. I was thus led to study more minutely the disease, and its train of many singular symptoms. This study convicted me of the error of my treatment, and solved some of those inexplicable terminations which I had often observed with astonishment in my practice. I soon determined that the disease was ultimately æsthenic, and from this one fact, I derived a basis for what I consider *sound treatment*.

Without referring to this further, I will come to the subject in hand. When I am called to a patient with diphtheria, I immediately put that patient, *anemic* or *plethoric*, on *tonic* treatment—*tonic*, both so far as regards medicines and nutriment. It matters not what may be the contra-indicating symptoms, I always direct tonics; even, in fact, if the pulse is 125 to the minute. My success bears out the treatment. At the same time, I institute the *disinfectant* or *chlorine treatment*. With these combined, alone—the tonics and the disinfectants—and without the aid of caustic and washes, I am almost confident of success. I do not mean to say by this, that I ignore *gargles*; far from it; in conjunction with the internal tonic and disinfectant treatment, I *always* employ gargles, and gargles of a disinfectant nature. I studiously avoid probangs; I look upon them as instruments of torture and of death. I *know* I have seen cases which died from the constant mopping to which the throat was subjected. Mopping has only one effect—that of stimulating the surfaces, causing them to throw out the false membranes more vigorously than ever. I have used the probang and the different washes, caustic and stimulant, and never experiencing any success from their employment, I now discard them altogether. When the diphtheritic membrane is confined to the buccal region, hard and soft palate, and lips, I often employ, by direct application, equal parts of ol. olive and spir. terebinth.; I never *scrub* the parts, however, with the liniment. I give explicit directions that it shall be applied with a *soft rag*, and *touched very gently*.

Under the head of tonics, I use quinia and iron chiefly. I prefer the tinct. ferri muriat. much above all other tonics. In more advanced stages, where deglutition is impossible, I employ nutritive enemata, to which I add a large proportion of sulph. quiniæ. Under the head of disinfectants, I give potass. chlorat. chiefly and almost wholly. I have employed, with decided advantage, sulph. quiniæ and chlo-

rate of potass., jointly, in powder. But a more favorite mode of combination with me is to order a solution of potass. chlorat., and give with it the tinct. ferri muriat. in doses to suit adult, boyhood, or infantile age. As a gargle, I like none better than the following:

R Potass. Chlorat. ʒjss.
Tinct. Myrrh. ʒi
Mel. Boracis. ʒi
Hydrochlor. Acid. dilut. gtt. xv.
Aque font. ʒiv.

M.—S. Use often.

Or simply,

R Labarraque's solution ʒij.
Aque pure ʒviij.

M.—S. Use often.

I generally direct a flannel rag, saturated with ol. terebinth., to be placed around the neck. With all of this treatment, a highly nutritious diet is almost indispensable—oysters, broths, beef, mutton, and chicken teas, port-wine, good brandy, etc. A proper attention should also be given to the *primæ viæ*. I never administer emetics, save in the very earliest stages. For more advanced cases the same treatment is applicable, and when the œsophagus is no longer able to perform its office, the medicines and diet, substantially as directed above, must be exhibited by the rectum. The gargle, made with Labarraque's solution and water, in such cases, can be syringed with advantage into the nasal cavities, and into the mouth and throat. The entire treatment may be thus concisely summed up—*Tonic and disinfectant* (the latter internally and topically), all combined with rich diet. Best tonics—sulph. quiniæ and tinc. ferri muriat. Best disinfectants—potass. chlor. and acid hydrochlor. dilut. Best local disinfectant, in form of gargle—Labarraque's solution et aqua pura, or any gargle in which, with other ingredients, a disinfectant bears a large proportion. Such is the treatment which we usually follow here. Such is our reliance on it, that in *nine out of ten cases of diphtheria*, we consider the prognosis as favorable. With the hope that some of the medical brethren, especially at the North (for it is in substance adopted in the South), will give this treatment a fair trial, I lay it, with all due respect, before the profession at large.

Clinical Record.

COLLEGE OF PHYSICIANS AND SURGEONS.

PROF. PARKER AND MARKOE'S CLINIC.

November 12, 1860.

CASE XI.—*Enlarged Testicle*.—A. B., æt. 37 years, states, that twelve years ago, six months after connexion, he had a chancre which was healed at the end of two weeks; he has never suffered from secondary symptoms of any kind, and now presents himself with an enlargement of the right testicle which commenced three months ago. He has always been temperate in his habits, and, though quite pale, considers himself in pretty good health. His lungs are sound, and his family has always enjoyed good health, with the exception of his mother, however, who died of carcinoma. The tumor is pyriform and heavy; the scrotum is perfectly healthy; the condition of the cord is wholly normal. On placing a lighted candle behind the tumor, that peculiar translucency, which is diagnostic of hydrocele, is observable. The quantity of water within the tunica vaginalis is not large; the hard heavy testicle can be easily felt.

Diagnosis.—In this case there is disease of the testicle, complicated with hydrocele, which last is not a disease by itself, but is symptomatic of the first: our attention is therefore directed to the testicle. This cannot be a syphilitic affection of the organ; the history of the case precludes

such a conclusion; it is probable that the sore, which the patient describes as having occurred six months after connexion, was an accidental inflammation destitute of a specific character. Nor is it dependent upon any urethral disorder, for the canal has always been healthy. If the disease were cancerous in its nature, the cord would be enlarged, and there would be greater vascularity of the parts adjacent to the testicle. There is a simple chronic form of orchitis, which is usually referable to a blow, a strain, or undue pressure of the organ; but there is no such exciting cause in this case. This is probably a scrofulous inflammation of the testicle, commencing in the epididymis, involving the testes. It consists in the effusion into the substance of the organ of imperfectly organized fibrine, which gradually enlarges, and finally ulcerates, through the scrotum, forming a fungous protrusion, and ending, not unfrequently, in the complete disorganization of the whole testicle.

Treatment.—The plan of treatment is that which was devised long before the use of iodine was ever known; it is alterative and tonic in its character. Reliance is to be placed upon nourishing food, and the alterative action of hydrarg. bichlorid. united with some tonic preparation, such as tinct. cinchonæ co., or syrup. ferri iodid. This patient will probably derive much benefit from the administration, three times a day, of a pill containing hydrarg. bichlorid. ʒi gr., ext. conii, ii. gr.; also, after each meal, syrup. ferri iodidi, xv–xx. gtt.

A mild iodine ointment may be employed locally; the accumulation of water in the tunica vaginalis requires no specific attention.

November 19, 1860.

TRAUMATIC STRICTURE OF URETHRA. FISSURE OF THE PALATE. ABDOMINAL PARALYSIS.

PROF. MARKOE.

CASE XII.—*Stricture of Urethra*.—James C., æt. 24, on the 22d of September last stepped upon the cover of a coal-hole in the sidewalk, which, turning, threw him to the ground, striking his perineum with great violence against the sharp edge of the cover. This injury was followed by considerable swelling of the contused parts, and he was unable to pass his water until a catheter had been introduced, when there came from it both urine and blood. The catheter was allowed to remain in the bladder for two weeks, during which time the swelling had gone on to suppuration, and through the opening came the contents of the abscess and urine. This opening has not healed, and he passes water in a very small stream and with increasing difficulty. Through the integument, just beneath the arch of the pubes, a portion of the urethra can be felt thickened and indurated, through which even a small-sized instrument cannot be passed.

Remarks.—This case presents, in the first place, a contusion of the perineum and urethra at the point most liable to be injured by external violence, viz. just beneath the arch of the pubes, where the urethra curves under the bone. The contusion was followed with consequent disintegration, leaving a fistula communicating with the urethra, which has contracted as the process of healing has gone on, thus producing the most intractable form of stricture.

Treatment.—This consists in dilating the stricture by means of metallic sounds or bougies, or in dividing it, and allowing the process of healing to take place over a catheter left in the bladder. In this case, from the difficulty experienced in passing an instrument, the stricture will probably require division in order to effect permanent relief.

CASE XII.—*Fissure of the Palate*.—A. B., æt. 14, was born with a fissure of the palate, which appears as a V-shaped cleft in the velum pendulum. There is but little deficiency in the hard palate, yet the deformity is sufficient to impair the speech, and the deglutition of liquids is somewhat difficult.

Shall the patient subject himself to an operation for the

relief of this condition? The operation would consist in bringing together and maintaining in contact the freshly pared edges of the fissure—an operation which is both difficult and dangerous. Ether cannot be given in these cases, and the patient's sufferings must be prolonged through two or three hours of operative interference. The palatal muscles, moreover, are imperfectly developed, and cannot perform their appropriate functions, even though the operation should prove successful in its immediate results, so that the speech of the patient is scarcely improved. In this case, there is little deficiency of the bony palate, and, if the operation could be endured, a gradual improvement of the speech might be hoped for; but, considering his youth, the patient should wait till he arrives at years of maturity, when his powers of endurance will be greatly increased.

Traumatic fissures of the palate may be operated upon with perfect success. Yet, even then, the paralysis of the palatal muscles is so persistent that in a case of six weeks' standing, in an individual thirteen years of age, it was six months after the operation before the power of articulation was perfectly restored.

PROF. PARKER.

CASE III.—Abdominal Paralysis.—This child, two years of age, is suffering with partial paralysis of the left leg. It is a case of abdominal paralysis, or dental paralysis, as it is sometimes called. It occurs, for the most part, in children during the period of dentition, and is dependent upon irritation of the alimentary tract, caused by the eruption of the teeth, or by the presence of some offending body in the stomach or intestines. The paralysis is preceded by symptoms of general irritation, and usually makes itself suddenly manifest. Sometimes it involves the leg and arm of the same side; but it more frequently involves the leg. The disease does not affect the encephalon; it has its origin in the alimentary canal, and is reflected to the limbs by the spinal cord, as was shown by Marshall Hall. It is of more frequent occurrence in the summer than in the winter, because the bowels are then most liable to disturbance.

Prognosis.—Some of these cases recover entirely; many never recover; and if the children live, they grow up with shrunken and powerless arms or legs. This little child appears to enjoy good health, and the paralysis of her limb is so inconsiderable, that we may hope for a perfect recovery.

Treatment.—The treatment of these patients is simple: In the first place, remove the exciting cause—clear out the stomach and bowels. Some form of mercury should always enter into the composition of the purgatives used. The diet should be carefully regulated; the back should be showered with hot water, followed by cold. Dry friction should be applied to the limbs, and tinct. iodine may be rubbed in along the spine. Some form of iron may be administered internally, and with it may be united tinct. nuc. vomice, as soon as innervation begins to manifest itself in the atrophied muscles. Later in the course of treatment advantage may be derived from the use of strychnine and electricity; but these are agents which should never be employed while the existing causes of paralysis remain; they are nervous assistants, and are not to be used until all congestion or inflammation has been removed, and the nervous system is brought into a proper condition for the performance of its appropriate function.

November 26, 1860.

DR. MARKOE.

EPITHELIAL CANCER.

CASE XV.—Epithelial Cancer of the Scalp.—Margaret B., æt. 77, had for many years an encysted tumor of the scalp, occupying a position a little anterior to the left parietal eminence of the skull. Three years ago, this tumor was accidentally bruised; a chronic inflammation of its structure was excited, and, at the end of two years from the time of the accident, it opened and discharged a quantity of bloody

matter. Since then there has been at that point an open sore, which now occupies a surface of three inches in diameter.

Diagnosis.—This is an excellent example of epithelial cancer of the scalp. This form of disease exists almost invariably upon epithelial surfaces, as the lip, the back of the hand, the scalp; and, though sometimes extending to deeper tissues, it is usually confined to those surfaces. It sometimes springs up *per se*—without apparent cause; it sometimes takes its origin from a wound; sometimes it is developed in old scars—it is, in fact, the peculiar cancer of scars: in this case it occupies the site of a wen. Epithelial cancer sometimes grows as a subcutaneous tumor, but this is not as common as in the other varieties of the disease. It usually ulcerates at an early period, producing an excrescence with everted edges, and a warty, cauliflower appearance. Its structure consists of a mass of epithelial scales, of irregular shape, size, and arrangement, loosely aggregated in a fibrous stroma. There are no true, superficial granulations, but there is a raw surface, from which exudes a thin, serous fluid, and upon which are many imperfect, thin-walled vessels which bleed very easily.

Remarks.—This form of cancer enlarges principally by extension at its edges. It is not as painful as other cancers, is slower in its progress, and the adjacent glands are not as apt to be affected: the prognosis is also more favorable. The constitution is less apt to be impaired; yet, after ulceration has occurred, the cancerous cachexy usually manifests itself, but is not often attended by great emaciation. The blood is much impoverished, and the skin becomes yellow from imperfect elimination of the bile. As the case advances the limbs swell; ulceration progresses; weakness increases; and the patient dies.

Treatment.—The removal of this form of cancer gives more hope of cure than in the other forms of the disease: the patients survive longer after operation, and are more frequently cured. But in this case an operation is contra-indicated by at least three reasons: 1. The cancerous cachexia is already fully established; 2. The disease is so extensive that its removal would leave an open sore which could not be healed for many months, greatly increasing the probability of its return; and, lastly, the subjacent bone appears to be involved. The only thing that can now be done is to palliate the sufferings of the patient. If there is much pain, relief may be obtained from the use of opium. The extension of the disease may be hindered by the use of mild astringent ointments; and the offensive discharge may be checked by strong solutions of tannin or acetate of lead. The anæmic condition of the patient may be somewhat improved by good diet, and moderate use of alcoholic stimulants, with a little iron and tinct. nucis-vomicæ, thus alleviating the symptoms, and, perhaps, prolonging her life for a few weeks or months.

CASE OF TWINS, ONE OF WHICH WAS BORN ENVELOPED IN THE MEMBRANES. By E. W. WOODSON, M.D., of Woodville, Ky.—I was called, August, 1859, to see a negro woman who had given birth to twins. The second child was born enveloped in the unbroken membranes. The midwife who attended the case, supposing the child to be dead, deposited it in a vessel without rupturing the membranes, and set it away until I arrived, which was at least fifteen minutes after the delivery.

As soon as I entered the room she related what had happened, and presented the vessel for me to inspect. I at once ruptured the membranes and found the cord still pulsating. I removed the child and succeeded in resuscitating it by using friction, artificial respiration, etc. I allowed the cord to remain untouched as long as it pulsated. The child was perfectly livid and apparently dead when I commenced to work with it. The breathing was at first gasping and at long intervals, but finally became regular and quiet. The child lived and did well.—*American Journal of the Medical Sciences.*

American Medical Times.

SATURDAY, DECEMBER 8, 1860.

ANÆSTHETICS IN CRIME.

THE discovery of anæsthesia is one of the grandest triumphs of man over the infirmities of a mortal nature. It is a contribution to the humanitarian progress of science, before which all mankind bow in undissembled gratitude. Whether rich, whether poor, whether learned or whether ignorant, the same doom of suffering and dissolution is equally entailed upon all. And happy must he be who can, in the midst of this wilderness of physical suffering, and when the arrow of mortal anguish is planted in his own bosom, turn to a fountain whose waters never fail to soothe present pain, nor to blot from the tablets of the mind the memory of a terrible ordeal. Since the auspicious day when this Lethæan agent and minister of good works was born among us, operative surgery has walked with a more triumphant step through the devious paths of her sorrowful domain. No longer hanging in terror over the suffering subject of congenital deformity, of accidental mutilation, or of chronic disorganization, the surgeon now comes as an instrument of grace to touch, to heal, but not to wound, the sick. Being twice as welcome, he is twice as successful as before, and leaves his patient wrapt in wonder at the painless issue of that ordeal whose suffering has not extended beyond his imagination.

Such, in its noblest aspects, is anæsthesia, and such the humane, beneficent part it is destined to play in the hands of its legitimate dispensers. Could its use be solely confined to them, we should have no occasion to write about it under the text which forms our prefix. We should find no reason for suspecting that it would play a double part in our social as well as our physical economy, and be made the instrument of crime, not less than the messenger of mercy. It seems now, however, that human depravity, subsidizing all acts to its sinister purposes, has prostituted the merciful hand of anæsthesia to the basest of uses. And to-day it stands ready to become, by no unreasonable stretch of the imagination, a fountain pouring out both sweet and bitter waters, or better still, perhaps, a fitting similitude to that beech-tree in the Georgic, which

"High as his topmost boughs to Heaven ascend,
So low his roots to Hell's dominions tend."

Nevertheless, we must remember, that the abuse of a virtue, or a principle, is no argument against its cultivation or dissemination; that the depraving of virtue does not justify us in ignoring or extinguishing such a principle, but that, once knowing it to be good and able to do good, we are under every obligation to cultivate it, although bold, bad men should pervert it to their own selfish ends. As physicians, we are in duty bound to do everything to promote any and every discovery in the principle of anæsthesia, while as good citizens we are equally under obligation to warn all of the dangers to which a prostitution of this principle exposes them. In doing this we act on the score only of prevention, and with little hope of working any cure in the department of criminal jurisprudence. Our

duty ends when we have pointed out the evil, as well as some of the medical errors into which tribunals may fall—have fallen, in fact, in endeavoring to redress the personal wrongs flowing out of it.

That resort should be had to anæsthetics in the perpetration of burglaries, larcenies, or homicide, is easily enough conceived. Long before the discovery of anæsthesia proper, victims to the above-named offences were drugged into insensibility with preparations of opium introduced into liquor. And even at the present day, the clumsier sort of villains, the Burkes and the Hares of our metropolitan purloins, are wont to carry into effect many of their nefarious operations by the assistance of narcotics. This is so well known that the designation "drugged liquor" is instinctively associated with the idea of criminal design, and the places in which such drams are supposed to be concocted are avoided by even the lowest class of pot-house bacchanals.

Now there is a design—aside from the greater facility afforded for the perpetration of crime by the aid of narcotics—which must not be overlooked in their administration. It is this: The chief witness to the transaction being deprived of consciousness at the commission of the offence, becomes incapacitated to testify on the trial of the offender. As he has never *mentally* witnessed the crime, and consequently had no memory of its history, he can have nothing to say about it. His body may exhibit wounds or marks,—his clothes may be soiled or torn, his wallet or his watch may be gone—but that gives him no special ability to identify any one in particular as his robber or assailant. He has seen nothing of the occurrence of which he is the subject, and his testimony is utterly worthless without corroborating and extrinsic circumstances, sufficient to make out a case, independent of any *ipse dixit* of his own.

From this just rule of evidence, Courts have, however, widely departed in cases involving the administration of anæsthetics. For some good reasons, which, we are inclined to think, have no foundation in physics, and should not be tolerated in law, witnesses have been allowed to testify to the occurrence of facts happening while they were in a state of anæsthesia, to which they would not have been deemed competent to testify, if in a state of narcotism. Popular conceit associates with this latter an idea of stupefaction, which it does not attribute to the former. This, undoubtedly, arises from gross misapprehension of the effects of etherization upon the organ of the mind. For it is evident to all who have investigated the results of narcotism and etherization, that their teleological effects are analogous in kind, if not in degree, and that either, when pushed to an extreme limit, terminates in coma. Supposing, therefore, either state to be a *complete* one in itself, why should any difference be made between them in the competency of a witness to testify? Do not both nerve action and sentient action equally cease in such case? And if we admit cutaneous anæsthesia to be simply the exponent of a true cerebral anæsthesia already existing, during which dreams may possibly occur, but during which, also, no report of cutaneous, or even nervous stimulation, can be considered as developing a correct mental conception, how can we safely admit, as a corollary to this proposition, that what then occurs is sufficiently impressed upon the mind to be made the subject of memory and recreation? Memory depends solely upon attention, and how can he possess any power of attention who has no

power of will by which to command it? A man robbed while under the influence of drugged liquor is not usually deemed competent to testify to the occurrence; but a woman drugged with ether is deemed competent to testify to a rape committed upon her. Is this a correct distinction to make? The fact is well observed that the psychophysical sensations, especially those of an erotic character, are very apt to be excited by the inhalation of ether. Such being the aphrodisiacal tendency of the anæsthetics, ought not Courts to see that proper allowances be made therefor in accusations of rape by a party under their influence? Surely the trial and conviction of Dr. Beale, in Philadelphia, sufficiently exposes the danger to which a large class of professional men are exposed, by the erotic excitement so frequently developed in female patients while under etherization. Once admit the competency of an etherized patient to accurately remember, and afterwards testify to the objective features of a supposed outrage upon her person, and you open the doors to a flood of most unjust, because most unreliable, evidence. In a state of complete etherization, whatever sensations exist must be purely subjective, and as such, should be allowed to have but little objective force.

On the other hand, and admitting the criminal uses to which the anæsthetic agents may be put, as instruments for masking the perpetrators of wrong, is it not incumbent upon the legislature to ordain that their sale, like that of poisons, should be restricted within the narrowest possible limits? If it can be shown that they are among the most subtle of agents in assisting at the commission of outrages upon the rights of persons, is it right that they should be indiscriminately sold to any and all who may apply for them? It is only necessary to have it known how efficient they are in overcoming individual sensation, and blunting individual perception of occurrences—stupefying, but not necessarily endangering life—swift to act, and leaving few or no traces of their action in the system—it is only necessary to have this generally known, and we shall soon see a new phase of criminality among us. Believing, therefore, that to be forewarned is to be forearmed we earnestly call the attention of our profession, and the public authorities to these new aspects of this enchanting and Lethæan distilment.

THE WEEK.

The Quarterly Report of the Superintendent of Police of New York, dated Nov. 1, contains some facts of special interest relating to public health. The *Sanitary Company*, organized in the spring, proves to be by far the most efficient Health Body in our city. Sergeant Lord at the head of his Squad has, in fact, done more for the public health during the summer than all of our other health organizations combined. While the City Inspector has squandered hundreds of thousands of dollars upon political dependents upon his alms, and the Commissioners of Health have held their sessions with closed doors that the community might not witness their idleness, the Sanitary Company of the Police have been on the alert, visiting the abodes of crime and wretchedness, seeking for and removing the causes of disease, and guarding with vigilance the public markets. We have watched the progress of this Company during the past season with great satisfaction, and believe

it deserves unqualified praise. The following extract will show with what vigilance its duties were performed:—

"The New York report shows there have been 4,562 cases subject to their supervision acted on, consisting of overflowing sinks, filthy houses, yards, cellars, areas, &c., unsafe buildings, &c., of which 841 of the nuisances were abated by the department, and 3,721 by the owners, under the orders of the department. There were 1,074 steam boilers examined, of which number 58 were tested by hydrostatic pressure, and seven found to be in such condition as to require immediate repair, which, under the order of the department, was promptly attended to by the owners. The squad also inspected 197 slaughter houses, the condition of nearly all of which is reported to be unsuited, in location and construction, for the purposes to which they are applied. There were also inspected 1,861 tenement houses, which are located in but four Wards, viz. First Ward, 253; Fourth Ward, 456; Sixth Ward, 562; and Seventh Ward, 590, tenement-houses. The inspection of those in the First and Fourth Wards was made only for ascertaining the means of escape in case of fire, ventilation, general sanitary condition, and population, which in these two Wards show that of 709 of this class of houses the means of escape is bad in 269 of them, which are populated by 11,881 souls; that 232 are badly ventilated, and 210 are in bad sanitary condition. The population in the whole 709 houses amounts to 22,859, to which should be added the cellar population, in all sorts of buildings, 2,120 souls, in order that it may be seen at a glance how living human beings are packed away. The measurement of the cellars thus occupied shows an average of about 270 cubic feet of air-space for each person. The examination of the Sixth and Seventh Wards was more thorough, and presents the following results: There are in these two Wards 1,152 tenement-houses, with a population of 37,064. Of this number the means of escape are bad in 728 houses, having a population of 24,648; the ventilation is bad in 324 houses, having 12,192 population; the sanitary condition is bad in 588 houses, having the population of 20,518 souls; the cellar population in these two Wards amounts to 2,672. Exact measurements were made of the apartments of these houses, by which it appears that 2,485 persons live and breathe in apartments where the number of cubic feet of air-space is less than 200 for each individual; that, for 7,229 persons, it is between 200 and 300 cubic feet each; that, for 8,817 persons, it is between 300 and 400 feet each; that, for 6,948 persons, it is between 400 and 500 feet each; that, for 7,421 persons, it is between 500 and 700 feet each; and that, for 4,164 persons, it is between 700 and 1,000 cubic feet each. The average quantity of space each person is permitted to have, in which to live, is not much more than that required between decks on an emigrant ship, both by the laws of Great Britain and of the United States. The Brooklyn report shows that 2,030 cases have been acted on, embracing filthy houses, sinks, yards, cellars, cisterns, culverts, &c.; of which 2,021 of the nuisances were abated by owners, under the order of the department, and only nine were obliged to be abated by the department. This speaks well for owners in Brooklyn, and shows that, in general, they only require to have the proper complaint made, when they promptly apply the remedy."

The prevalence of small-pox in a community may be taken as a fair criterion of the degree of public intelligence in matters of health. When we consider the loathsome nature of the disease, and its virulence, and the simplicity and general application of the means by which it can be totally exterminated, we are astonished that such a disease is known at all in the civilized world. Paradoxical as it may seem, preventive medicine is not as popular as curative medicine. At this season of the year we are so accustomed

to witness the appearance and spread of small-pox, even in our most intelligent communities, that we have ceased to regard the phenomenon as other than a regular occurrence in the course of the seasons. We have reports of its appearance with great virulence in Philadelphia, whose health authorities have hitherto proved that city to have the least mortality of any town in the country. If such things are allowed to occur in Philadelphia, with its intelligent and efficient Health Board, what may we not expect of cities like New York, which have no true Sanitary Police, and disregard preventive medicine? The following items from the *Phila. Inquirer* will show the extent of the ravages of this disease. We may add that some of these statements reflect severely upon the vigilance of the health officials of that city. It is no uncommon thing for corpses to lie unburied in this city until they infect the neighborhood, but we had been led to expect better things of Philadelphia:—

"We are informed that that most terrible disease, the small-pox, has recently made its appearance with more virulence and fatality than usual in some of the small streets in the Western section of our city. In Murray Street, a small avenue running between Sansom and Locust Streets, and Twentieth and Twenty-first Streets, in the Eighth Ward, four families have been attacked by the disease, and four or five persons have died. In William Street, running parallel with Murray Street, between Twentieth and Twenty-first Streets, several poor families are down, and it is feared that the most of those afflicted will die. About two weeks ago a visitor of the poor found a child lying dead in one of these houses in a most shocking state of decomposition. The stench arising from the body was of such a character that it was a long time before an officer of the Board of Health could be found or induced to remove it. Two or three children died a day or two ago, and were removed by direction of the Guardians of the Poor. Five or six were taken from this locality and conveyed to the Small-Pox Hospital. In Hirst Street, running from Fifth to Sixth Streets, between Lombard and South Streets, in the Fifth Ward, the disease made its appearance about three weeks ago in a colored family. In Locust Street, between Twenty-first and Twenty-second streets, an entire Irish family are in bed, and will all probably die. The family consists of a father, mother, and four small children. To-day an entire family, named Githen, residing in Murray Street, will be removed to the hospital. They occupy a small brick house containing six rooms, and with a large family of filthy and indigent persons in each room."

From the *British American Journal* (Montreal), we learn that small-pox is very prevalent at Ottawa, and is propagated by inoculation. There is a law in Canada making inoculation a penal offence.

It is with sincere gratification that we announce the failure of Dr. Morton to secure an extension of his patent for the exclusive use of ether in surgical operations. Whatever may have been the original merits of Dr. M. in bringing forward this valuable agent, it is utterly derogatory to the character of a medical man to seek, by the renewal of the patent, to embarrass its general employment. Besides, we believe Dr. Morton has been amply paid by the profession and public for his labors and sacrifices; and that too under the belief that he never seriously intended to patent the article. The patent expired on the 12th of Nov., 1860, and the petition for a renewal has been rejected by the Hon. P. F. THOMAS, Commissioner.

Reviews.

STATISTICAL REPORT ON THE SICKNESS AND MORTALITY IN THE ARMY OF THE UNITED STATES. Compiled from the Records of the Surgeon General's office, embracing a period of five years from January 1855, to January 1860. Prepared under the direction of BREVET BRIGADIER GENERAL THOMAS LAWSON, SURGEON GENERAL UNITED STATES ARMY. By RICHARD H. COOLIDGE, M.D.,* Assistant Surgeon United States Army.

Is the number of the *New York Journal of Medicine*, for March, 1859, we published a critical examination of a contribution to medical knowledge, similar to the work now under consideration, which embraced the results of all the recorded observations made by the medical officers of the United States army from January 1839, to January 1855. We are glad to see that the plan so successfully instituted under the present Surgeon General has not been abandoned, and that we are now able to announce a continuation of the work, in no way falling behind the previous excellent volume, and in many respects surpassing it.

In the book now before us the statistical data gathered during the five years which had elapsed at the commencement of the present current year, are fully equal in value, and useful in their arrangement, to those of any production of a similar character; and, taken in connexion with the former reports from the same bureau, afford the medical profession the only connected, reliable, and systematic *exposé* of the Medical Topography of our entire country that at present exists.

To give a clear view of the scope of the present volume, together with a sketch of the plan of its arrangement, we can do no better than copy the following passages from the letter written by the author (Dr. Coolidge) to accompany the report at the time it was transmitted to the Surgeon General.

"The general plan heretofore adopted, viz: that of considering the statistical and topographical details of the military posts in geographical divisions and regions having similar climatological features, has been followed in this report.

"This course has enabled me to include, in the abstracts and tables of the present report, the aggregate results for each region, as given in the report of 1856, thereby enhancing the value of the statistics by extending them over a period of twenty-one years, and not perceptibly increasing the size of the work.

"The abstracts for the several regions have been compiled from the original quarterly reports of sick and wounded required of medical officers on the 31st of March, 30th of June, 30th of September, and 31st of December, annually, and are for years commencing on the first day of January and ending on the 31st day of December. The final consolidated abstract, exhibiting the total amount of sickness and mortality in the whole army, is compiled from your annual reports, which are required by law to be rendered for the government fiscal year, commencing on the 1st of July, and ending the 30th of June.

"In connexion with this report the results of the meteorological observations taken by the officers of the medical department of the army from January 1855, to January 1860, arranged in monthly tables, and annual summaries, are respectfully submitted. This completes the series of

* Promoted to be Surgeon.

army meteorological observations from 1819 to 1860, a period of forty-one years.

"I have also to submit the accompanying outline map of the United States, designed to show the most prominent geographical features of the country, the limits of the military departments, and the positions of the military stations."

The special reports of individual officers on the medical topography of sub-regions and divisions are useful and instructive. Those from the older states, however, though valuable in themselves, are, from the fact that the regions are better known to the Profession generally, not usually as interesting as those coming from little known localities in the far west, and on the remote frontier. An exception to this general statement occurs in the report of Assistant Surgeon Lafayette Guild, upon the yellow fever as it presented itself at Fort Columbus (Governor's Island), New York harbor, in 1856. This report does its author great credit, and should be read by every practising physician in New York city and vicinity.

The next report which attracts our attention is that of Assistant Surgeon E. W. Johns. This communication dwells chiefly on the prominent features of scorbutus as manifested at Fort Laramie, Nebraska. The causes, method of prevention, and treatment of this disease, are very ably discussed.

In the part of the book relating to the Southern states, excluding Florida and Texas, we find but one local *sanitary report*, viz. that of Surgeon Bernard M. Byrne (lately deceased) on yellow fever, as it occurred at Fort Moultrie, Charleston harbor. In this the following striking paragraph occurs. "*How this disease was introduced among the troops at this post is a question that can be satisfactorily answered if we admit its contagiousness; but on any other hypothesis its introduction would be entirely inexplicable.*" Dr. Byrne gives very cogent reasons for taking the view that he does, and it would be well for those paying especial attention to the subject, and who are willing to hear both sides, to read his report.

From the Florida district we have short interesting reports by Assistant Surgeons McParlin, Head, Lynde, and others; and to this division of the book there is attached a letter from the Surgeon General to the Hon. D. L. Yulee, by which it appears that the prevalent notions regarding the unhealthiness of Florida are greatly exaggerated. General Lawson says, "I have no hesitation in expressing the belief that had the troops who were employed in the Florida war been engaged for the same length of time in active operation in winter and summer on the frontiers of Canada, though the cases of *indisposition* might have been less numerous, the *mortality* would have been infinitely greater than was experienced in Florida."

Among the reports from Texas we find one from Assistant Surgeon Andrew K. Smith, dated Fort McKavett, July, 1857, in which indisputable instances of poisoning by the bite of the *tarantula* are given.

Assistant Surgeon Basil Norris, writing from Fort Clark, says: "Pulmonary diseases are rare; the dry equable climate has been beneficial to a few cases left in hospital, and at the post none have originated."

Assistant Surgeon Lynde speaks of the prevalence at Camp Hudson of cases suffering from tape-worm. He treated eight of these with oil of turpentine. All were greatly relieved, but at the time the report was written the doctor was not satisfied that in any case the cure was com-

plete. It would be interesting should Dr. Lynde communicate the subsequent history of these cases, as well as what in his opinion was the direct source from whence the parasites were introduced. Dr. Leidy of Philadelphia, we are informed, has after much investigation come to the conclusion that the cause of the presence of tape-worms in man may be ascribed to the eating of *uncooked* pork which has been "measly" in life, and that even those who do not eat raw pork may have the minute germs necessary to the development of tape-worms, introduced into the system by eating bread cut by a knife which had been used just previously in cutting pork, and had not been wiped. Tape-worms are said to be very abundant in all the lower animals found in Western Nebraska and Utah; among these may be mentioned hares, and sage fowl, and *even fish!*

We find under the division relating to New Mexico and Arizona a most creditable report by Assistant Surgeon Irwin on the medical topography of the region about Fort Buchanan, Arizona. As but little is known of this portion of our country, Dr. Irwin's report fills an important gap in our geographical knowledge. As to the style of the report, its general comprehensiveness, and the variety of subjects treated upon, it equals if it does not surpass any individual report in the volume, with perhaps the exception of the communications from Utah by Assistant Surgeon Roberts Bartholow.

The medical officers stationed in California and Oregon have contributed many interesting sanitary reports from their respective stations. Although the greater number are brief, they are concise, and, containing *multum in parvo*, are valuable accordingly.

The report of Assistant Surgeon Chas. C. Keeney gives very useful information concerning the Indian tribes living near Fort Jones, Cal. His remarks concerning the evil effects produced by confining Indians to reservations, are well worth the attention of the proper authorities. Dr. Keeney lays stress upon the injurious results following the adoption of the kind of clothing worn by the whites. This report contains much besides of general interest.

Assistant Surgeons Milhar, Glisan, Heger, Randolph, John F. Hammond, and Geo. Hammond, have furnished reports from the posts near the Columbia; and a short report on the local peculiarities, etc., of the settlement at the Cascades of the Columbia is given by Surgeon Barnes.

In the portion of the work relating to Utah we find foremost a very able report by Dr. Bartholow on the diseases of the Tenth Regiment of Infantry while *en route* for Utah, as well as a sketch of the geographical peculiarities of the regions traversed. Dr. Bartholow follows with a special communication from Fort Bridger on similar subjects; and again with a sanitary report from Utah Territory as a *connected whole*. The disease known to frontiers' men as "mountain fever," is described, and its peculiarities discussed. Assistant Surgeon Milhar, on page 304, presents a report mostly devoted to the description of the same disease. Dr. Brewer in an excellent report of the diseases, etc., of the Fifth Infantry while *en route* for Utah, in like manner makes special mention of the "mountain fever." The gentlemen above mentioned seem to differ widely on the treatment of the disease, and the use of quinine is both extolled and condemned.

The statistical tables in this book, showing the diseases and climatic peculiarities of different localities, are of

immense value for reference, and like those of the preceding volume are remarkably free from typographical errors; and are also printed on good paper in clear, pleasant, readable type.

By examining the consolidated tables showing the relative proportion of sickness and death in the different regions and territories, a "bird's-eye" view of the sanitary condition of the country is afforded. It is in these happy endeavors at generalization that the great value of Dr. Coolidge's labor shows itself. In looking over the table on the frequency and mortality of phthisis pulmonalis in different portions of the country, we were surprised to find Utah so far in advance of New Mexico, which again is much more free from the disease than any other State or Territory. We find that the army of Utah had a mean strength of 5842 men; of this eight were afflicted with phthisis pulmonalis, and *only one died!!*

In conclusion we must again compliment Surgeon Coolidge for the creditable book he has furnished us, in the preparation of which he must certainly have given a great deal of time and patient labor.

[NOTE.—3500 copies of this work were ordered by the Senate. Medical men desirous of obtaining it can perhaps do so by making application to the senators of their respective states.]

Progress of Medical Science.

MATERIA MEDICA AND PHARMACY.

By EDWARD R. SQUIBB, M.D., OF BROOKLYN.

Chlorodyne.—This most extraordinary humbug does not deserve a moment's serious consideration; and were it not for the circumstance that physicians occasionally resort to it by name, or by its being misrepresented, and without a due knowledge of its heterogeneous composition and quackish character, it could be little else than waste of time and space to allude to it. It claims English origin, or rather to have been *invented* in the English East India service; and in order to secure for it the magical power of mystery and large names, its composition was concealed, or indefinitely stated as a combination of perchloric acid and a new alkaloid. Then it was stated to have been *analysed* by a Dr. Ogden; and the latter is represented as having given the formula by which it is prepared. As it never could have been either invented or analysed, it is not improbable that its whole story and career are fictitious. It mainly consists of chloroform and muriate of morphia, but contains besides, perchloric acid, oil of peppermint, hydrocyanic acid, tincture of capsicum, molasses, and tincture of cannabis. Such a villainous mixture could never by any possibility have been *invented*, though it may have resulted from some uncommon degree of empirical ignorance and stupidity; and such a mixture, once made, would have defied the skill and knowledge of any analyst whatever, chemical or logical. And yet an analysis is said to have been made, and the proportions are given in drachms, drops, and grains. Then of its properties. It is said to be twice as heavy as water, which, from its composition, is impossible. It is said to be sedative, diaphoretic, astringent, antispasmodic, diuretic, etc., and to improve the pulse in all imaginable respects, including that of *increasing* it by *decreasing* the frequency of the beats; and finally, the sum of its impossibilities accomplished, has the accustomed climax of such cases, namely, that it cures consumption in about the usual proportion of cases, namely, eight out of twelve, and all of

the usual undoubted diagnosis and gravity. That any mixture not absolutely antagonistic in its elements, containing two-thirds of its weight of chloroform, and eight grains of muriate of morphia, in nine drachms, beside hydrocyanic acid and Indian hemp, should be sedative in effect, is not surprising; and the molasses, capsicum, and peppermint are so many additional shot to be fired into the bushes; but the perchloric acid is a novelty. Hitherto regarded chiefly as a chemical curiosity, it now makes its appearance in the materia medica under circumstances most unfavorable for obtaining any definite character or classification. In the small quantity in which it enters the company of these powerful narcotics, its chance of effecting anything more than the peppermint and molasses is remarkably small. The whole thing is, in effect, an absurd sarcasm upon the appetite for novelty and complexity, which appetite, in a portion of the medical profession, is industriously catered to by the crowd of nostrum—or rather money—makers, who are so easily found in the ranks of all sciences and professions.

Tincture of Aloes in Bleorrhœa.—A distinguished clinical practitioner of Bologna, Dr. Gamberini, recommends this new topical application in bleorrhœa, based upon a short successful experience with it. He uses a mixture of one part of tincture of aloes to seven and a half parts of water, and injects three times a day. These injections produce but little scalding at the moment of application, and in the worst case to which they were applied effected a cure in about fifteen days.—*Gazette des Hôpitaux*.

Santonine in the treatment of Amaurosis. M. MARTINI.—The colored vision and colored urine which have been observed from the use of santonine as a vermifuge have suggested its use in some other affections, particularly those of the optic nerve. Three experiments were made upon amaurotic patients by M. Martini. The first in a woman seventy years of age, who could hardly distinguish light from darkness. He gave four to six grains of santonine each day during eight days, and then eight grains each day during three or four days, and at the end of this time the patient could distinguish objects and recognise the faces of assistants. The remedy being then suspended, the improved condition became stationary. In the two other cases similar improvement was effected.—(*Bouchardat's Repertoire*.)

Pharmacy in Belgium.—The new Pharmacopœia.—By a royal act and mandate, under date of 28th December, the following Articles became the law of Belgium.

ARTICLE 1. The Pharmacopœia revised by order of the government, and published under the title of "Pharmacopœia Belgica nova," is approved. The Latin text alone is official.

ART. 2. No copy of the new Pharmacopœia can be issued without the stamp of the Minister of the Interior, and the endorsement of the Inspector-General of the civil medical service.

ART. 3. All those who are authorized to dispense medicines are required to have:

- 1st. A copy of the official Pharmacopœia.
- 2d. Hydrometers to measure the density of liquids.
- 3d. A centesimal alcoholometer.

4th. Good balances, and a correct set of decimal weights, comprising the subdivisions of a gramme to a centigramme, inclusive.

ART. 4. Physicians in their prescriptions must make use of the decimal weights, and also of the nomenclature of the official Pharmacopœia in designating the medicinal substances described in that work. If they desire a remedy to be otherwise prepared, they must give the formula for it in their prescription, or at least indicate the Pharmacopœia in which it may be found.

ART. 5. The doses of medicines must be indicated exclusively in grammes and centigrammes, and, to prevent mistakes, the decimal point must not be used to separate units from fractions.

ART. 6. Pharmacutists must use the decimal weights

both for prescriptions and their general sales. Should they receive prescriptions written in the old medical weights, they are authorized to reduce them into decimal weights by the following rule. They will allow 360 grammes to the medical pound; 30 grammes to the ounce; 3 grammes and 75 centigrammes to the gros, or drachme; 1 gramme and 25 centigrammes to the scruple; and 5 centigrammes to the grain.

ART. 7. The bottles, drawers, etc., which contain medicinal substances, must bear, in plain characters, the names of the substances contained in them, these names to be in conformity with those used in the official Pharmacopœia.

ART. 8. The offices, stores, dépôts, and laboratories of pharmacutists, and in general, of all those who dispense or deal in medicinal substances, shall be visited by the delegated officers of the Provincial Medical commissions at least once a year, at indeterminate periods, and without any previous notice. These delegated officers shall examine all the appliances of such offices, stores, laboratories, etc., and especially the medicines of primary importance. Any medicines which may be found bad or adulterated, or any not prepared in accordance with the Pharmacopœia, shall be caused to be removed, or shall be sealed up by the proprietor.

ART. 9. The Medical Commissions shall place the minutes of their proceedings, or other authorized statements of the non-compliance with these regulations, in the hands of the public minister charged with directing public prosecutions before the tribunals.—*Antwerp Journal of Pharmacy.*

Some such regulations as these, well administered, would very soon improve the materia medica, and revolutionize the pharmacy of this country, and would yield an element of certainty and uniformity in our practice of medicine hitherto altogether unknown.

Reports of Societies.

ACADEMY OF MEDICINE.

STATED MEETING, OCT. 3, 1860.

JOHN WATSON, M.D., President, in the Chair.

DISCUSSION ON THE USE OF PESSARIES.

(Continued from page 392)

DR. PEASLEE. I must express my surprise that Dr. Gardner would use an instrument which he considers so dangerous, in the treatment of so simple a case as stricture of the cervix uteri. In regard to the question of the pathology, it is very true that fatty degeneration of the uterus sometimes occurs as one of the forms of atrophy from displacements of long standing, but this is an exception, not the rule. It would not answer to say that all cases of displacement are attended by that condition of the uterus. Dr. Gardner objects to the theory. I should say that the theory is beautiful; it is a good deal more perfect than the practice. The practice, as I have said before, is difficult. In regard to treating the cause instead of the effect, I should say remove the cause, if it still continues to act, but treat the displacement at any rate.

DR. SIMS. I am surprised at the tenor of Dr. Gardner's remarks in regard to the use of pessaries; at the same time I endorse him in a measure with reference to the utility of abdominal supporters. I have frequently seen the latter appliances attended with a great deal of relief to suffering, though I have never met with an instance where a radical cure was the result. They however had no influence over the malposition, whether anteverted or retroverted, but they simply held up the superincumbent viscera by pressure above the pubes. I have had to give up the use of the intra-uterine stem because, in my hands, it produced mischievous results, by becoming displaced. It is not to be denied that there are cases of malposition in which mechani-

cal means will not be applicable, while a great number are, on the other hand, more or less amenable to treatment. To illustrate what I mean I will relate a few facts:—A lady from the country was brought to the Woman's Hospital in the fall of 1855 on a litter. She had been completely bedridden for more than twelve months. She was married ten years before that, and in due time gave birth to a child, soon after which she lost her husband, and was married again about a year and a half before her admission into the hospital. Her health, though delicate, was generally pretty good. One day she went into the yard to take some clothes from the line, as a storm was coming up. On reaching up, she suddenly felt something give way in the pelvic region. She had great pain, and immediately went to bed, suffering also from nausea and vomiting, with excessive prostration. A physician was sent for, but she never rose from her bed until she was brought to the hospital; a period of twelve months and more. On examination, I found the uterus completely retroverted, the fundus lying towards the left sacro-iliac symphysis, and, besides, the organ was greatly elongated. This elongation was due to the growth of a fibrous tumor on its fundus and posterior surface. Of course, the case had to be treated. The fibrous tumor could not be removed, but still it was necessary to place the uterus as much as possible in position. The uterine elevator was used, and the fundus, with tumor attached, was raised above the promontory of the sacrum. In this condition a malleable block tin ring, about 2½ inches in diameter, was bent in the form of a parallelogram, and curved on its long diameter so as to give it a sigmoid flexure. This was done with the view of fitting accurately the dimensions and capacity of the vagina, so as not to make undue pressure either in the *cul de sac* or behind the symphysis pubis. After a short time the patient was able to walk; and in the course of two or three months, she was sent home, not cured it is true, but the uterus was elevated very nearly into a proper position, and there supported by the simple little contrivance already alluded to. With the hope that conception would take place, she was directed to wear this pessary during the times of coition—for I consider it almost an utter impossibility for conception to take place where the uterus is completely retroverted. In six months after she left the hospital, she returned again for observation merely. Conception had taken place, she went to the full term, and was delivered of a fine boy. The instrument was removed at about the end of three or four months, when the uterus was large enough to sustain itself in its proper relations. She remains tolerably well, with the uterus still in its proper position; but no change in the relations of the tumor has taken place. This case certainly justified some effort at relief, even though it did not result in a perfect cure. Again:—A lady had been married and had given birth to one child, had three or four miscarriages, became then a widow, and was anxious to marry again, but was unwilling to do so if she had to go through again the dreadful trials that attended her miscarriages before. Her physician sent her to me. I found that she had retroversion, with some little enlargement of the posterior wall of the uterus, from long error of position. I told her that I thought the miscarriages were due almost entirely to the retroverted condition of the organ, and that by a properly adapted instrument, to be worn during coition, the difficulty would be overcome, and impregnation would take place, with hardly any danger from miscarriage. She was married on the day that menstruation ceased, four years ago, and went on a bridal tour. In a month she returned, with all the evidences of conception. She went on to full term, was delivered of a healthy child, having been ordered to wear the instrument until quickening occurred. This latter precaution was for the purpose of insuring against a miscarriage. Here, I certainly think that benefit was derived from the use of the instrument. This lady has since given birth to two children without any mechanical means to support the uterus during coition. I consider the cure not due to the instrument, but to a modification of the nutritive

function of the organ, brought about by utero-gestation, which could hardly have gone through its stages without the aid, in the first instance, of mechanical appliances. I will give another instance:—A lady in a neighboring city gave birth, eight years ago, to a child, who had died very young. She was childless then for six years. She was exceedingly anxious for offspring, and on that account alone sought medical advice. On examination, I found a large pelvis, relaxed vagina, and a uterus completely retroverted, but without any complication more than a slight hypertrophy of the posterior half of the organ; and to relieve that it was only necessary to apply a mechanical support that would maintain the uterus in its natural position during the act of coition as well as at other times. It required a ring about three inches in diameter, bent in such a way as to hold the neck of the uterus downwards and backwards, while the fundus was elevated. Conception occurred in three or four months; she wore the instrument until quickening, when it was removed. She was delivered, at full term, of a fine, healthy boy. In the course of twelve months she returned, expressing a desire to have another child, at the same time she was satisfied that such a thing could not take place without the application of the instrument she had previously worn. The same pessary was adjusted with precisely the same results as before; in three or four months conception occurred, and in due time another child was delivered.

I might multiply cases of this sort, but with the indulgence of the Academy, I will relate but one more, which was more complicated than those already referred to. A lady was married fifteen years without offspring. Though her general health was perfect, she suffered from the peculiar symptoms of uterine displacements. I was consulted as much for the prospect of relief to the sterility as for the purpose of remedying her particular symptoms. On examination, I found the uterus retroverted, with a fibrous tumor as large as a walnut in the posterior wall. The neck of the organ was indurated, and the mouth and canal were contracted. Here was a double indication, the position of the uterus could be relieved by mechanical means, but conception would be almost impossible without relieving the contracted cervical canal. An instrument was properly adjusted, and the uterus placed in a normal position, after which, the neck of the uterus was incised from side to side, opening it large enough to admit the point of the index finger. It was kept open until it healed, the mouth of the uterus presenting a pretty natural appearance. In the course of three or four months, conception occurred, the patient in the meantime wearing a modification of the pessary previously alluded to. Unfortunately she miscarried at the end of the third month, which was thought to be due to an accidental fall. In the course of four or five months conception occurred the second time, and was again followed by miscarriage. After waiting several months, till November, 1858, this patient came under observation again. On examination now, I found that the mouth and neck of the uterus had undergone remarkable changes—that the mouth of the womb was so much contracted that I feared conception could not take place again, even if the uterus was placed in its normal position. Therefore I resorted to incision as before, and applied the same instrument that she had worn the year before. In March, four months afterwards, conception took place a third time. This lady was from a distant part of the country, and I insisted that she should remain in New York for cure during the whole period of utero-gestation. She did so, and was fortunately delivered by Dr. Griscom of a fine healthy child, about the first of last December. She remains so far without any return of her original malposition. It seems to me that the results of the cases that I have detailed justified the course of treatment pursued. Dr. Gardner states that he has frequently found inflammation result from the use of pessaries. The reason is this:—The medical profession have rather extravagant ideas of the dimensions and capacity of the vagina: nineteen out of twenty will

select at the beginning instruments that are too large. In the great majority of cases, they hardly ever require an instrument that is more than two and a half inches in diameter, sometimes two and three-quarters; very rarely three inches, and sometimes even down to two. It requires a great deal of judgment in the application of the instrument to the peculiarities of the case. If it be too small, it will not afford the necessary support; and if too large, it will unavoidably produce mischief. I have often, over and over again, seen the cul de sac ulcerated almost to the peritoneal cavity, and the neck of the bladder almost entirely severed, and other parts of the vagina ulcerated, by pressure of instruments which were too large. I think that a great feature in regard to the use of pessaries is to make them so as not to interfere with coition, and I want here again to claim for the distinguished Dr. Hodge of Philadelphia, the merit of first demonstrating the practicability of this by the use of his particular pessary, and next to the learned Dr. Meigs for the use of his ring pessary. I take to myself no credit for any modification of the Hodge Pessary, or of the Meigs's Ring—I only claim to have cheapened the instrument—one of Hodge's pessaries will cost five, six, or seven dollars—one of Meigs's gutta percha rings will cost a dollar, while the block tin instrument costs but eighteen cents, and can be moulded to the desired shape to fit the peculiarity of the individual case, while it is as innocuous as gold itself. One other point and I have done. The patient should always be instructed in the use of the instrument. She should be made as familiar with its applications and removal as with putting on and taking off her glove—and I respectfully insist that no woman should ever be sent off a distance to wear a pessary for an indefinite period—I have seen great mischief result from this, and I do most heartily protest against it.

Dr. T. G. THOMAS. I have been exceedingly interested, Mr. President, in the discussion which has just taken place, and particularly so in some of Dr. Gardner's remarks. His views with reference to the utility of pessaries, I must say, have surprised me not a little, and with a hope of being instructed by his extensive experience, I will take the liberty of asking him a few questions which I will introduce by the relation of two cases of uterine displacement. The first is this: Some months ago, I was sent for to see a young married lady, who stated that for the last two years she had suffered from severe pains in the back and hypogastrium, which were much increased during menstruation; and, upon walking even short distances, would become so severe that she had been forced to confine herself almost entirely to her chamber. On several occasions she had suffered from menorrhagia to such a degree, that her health had become much impaired. She had consulted several physicians, some of whom had scarified the uterus and applied leeches to it. One of them having advised her to wear a sponge in the vagina, she had done so to her great inconvenience and discomfort for over eighteen months. Upon vaginal examination, I found the uterus enlarged, congested, and prolapsed. No ulceration, however, existed. As depleting measures had accomplished so little good before, I determined not to resort to them; and finding that pushing up the uterus with the finger and keeping it out of the pelvis gave her great comfort, I decided to apply a ring pessary, with the hope that it might prolong this feeling of relief, and at the same time serve to prevent congestion of the uterus by removing it from its unnatural and cramped position in the pelvis. I did this, and in ten days the lady was so well that she took a long walk; her spirits rapidly improved; her general health kept pace with them, and at the end of two months (during which the pessary was employed, with astringent injections), she was discharged cured. I saw her recently, and she declared that the only discomfort which she now had was that arising from the thought that for two long years she had suffered when relief could so easily have been procured. She no longer uses the pessary or injections, and is as well as she could desire to be.

The second case occurred in a lady whom I was attending for dysentery. Contrary to my directions, she left her bed and went to the staircase to call her servant, when she was suddenly seized with agonizing pelvic pains, and fell to the floor, from which she was lifted by her attendant and placed in bed. I saw her next day, but imagining these pains, which had now nearly passed away, to have been intestinal, I paid little attention to them. She soon got well of the dysentery, and took a journey in the cars; at the end of which she suffered most intense pain in the pelvis and back, which had so much the appearance of those caused by uterine displacement as to incite an examination. This discovered the existence of marked retroflexion, which being reduced, her suffering instantly ceased. On the next day, however, it returned from her walking about; and reduction being again accomplished, I introduced a sigmoid pessary, which, running up into Douglas's cul de sac, supported the fundus perfectly. It was no sooner in place than she was able to leave her bed and walk without much pain; and at the present time, about one month after the accident, she is quite well, still wearing, however, the pessary, which as yet I fear to remove.

Now, sir, I do not mean to say that many such perfect cases of relief by pessaries are met with; they certainly have not been in my practice. These are avowedly selected cases, and this is why I have related them. I believe that I treated them correctly, I know that I did so successfully; and what else I could have done which could have answered as well, I do not know. Now, all of the members of the Academy here present have seen and see commonly similar accidents, and among others Dr. Gardner does so; will he inform me how he treats them? Will he oblige me by stating what he could have done in the two cases which I must apologize to the Academy for detaining it so long in relating? I yield the floor for his reply.

Dr. GARDNER stated that the remarks which were previously made by him in regard to the treatment of uterine displacements referred particularly to those cases which were uncomplicated. In both the patients referred to by Dr. Thomas, complications did exist; in one there was metritis, and in the other dysentery.

Dr. SIMS remarked that he never saw any but complicated cases.

The Academy then adjourned.

Correspondence.

DOMESTIC CORRESPONDENCE.

ALBANY.

Dec. 1, 1860.

I AM glad to notice that you are disposed to excite our county medical societies to action, and to awaken them to a sense of their duties. It is far too generally believed that the laws of the State have divested them of all power and influence. It is a question well worthy of being thoroughly studied by the profession, as you suggest, how far the powers of the county societies have been diminished or modified by legislative enactment. In my opinion they have been but slightly, if at all affected, and such, I think, is the opinion of those who have given the subject the most study. But even if they have lost all legal position it is idle to abandon them; on the contrary, they should be converted into active scientific societies. The Albany County Medical Society has always maintained considerable vitality, and I am glad to be able to report that it is beginning to assume an activity which will render it at once useful and influential.

The annual meeting was held on the 13th of Nov., and was one of the largest and most enthusiastic gatherings which I have seen for many years. The President of the society, Dr. W. F. CARTER, gave the annual address, which was replete with interesting and practical matter. In con-

nexion with two cases of hydrophobia which had come under his notice, he alluded to a class of affections of the lungs in which the air does not seem to penetrate to the air cells, owing as he thinks to a paralysis of the nerves supplying the air cells. He regarded the diseases as similar in those respects. Dr. HOFF reported a case of tetanus which occurred in the City Hospital under Prof. MARCH. It was the result of a gun-shot wound of the hand. He was treated with nourishing diet, opiates, tobacco enema, etc., without permanent relief. Finally the new method of subcutaneous injection of morphine was practised, one fourth of a grain of morphine being used; this produced sleep, but did not relieve the symptoms, and he sank rapidly and died. I think the question may well be raised, if, in the subcutaneous injections of morphia, we are not liable to use too much. I am satisfied that I have seen the most alarming symptoms produced by the use of a much smaller amount than is generally given by the stomach.

The following officers were chosen: *President*, S. VANDERPOOL, M.D.; *Vice-President*, L. G. WARREN, M.D.; *Treasurer*, G. H. NEWCOMB, M.D.; *Secretary*, O. H. YOUNG, M.D. The following gentlemen were appointed delegates to the State Medical Society: Drs. W. F. CARTER, JOHN SWINBURN, W. H. BAILEY. The best evidence of the activity of our Society is the appointment of monthly meetings. Dr. POMFORT will read a paper on the *medicinal uses of alcoholic liquors*, at the next meeting.

The Albany Medical College exerts but a small influence in the medical world. Although its faculty contains some able and competent men of the younger class, it is sadly in need of rejuvenation. It has long been a kind of one-man power, and far more subservient to private and personal aims and ends than public good. If medical teachers would learn that when they have attained a somewhat advanced age they are no longer capable of instructing classes, because they are no longer able to keep pace with the improvements in the medical sciences, it would be a great blessing to most of our schools. Albany College would be especially benefited could some of the younger men be placed in the professional chairs now occupied by men who annually teach the same old and obsolete doctrines.

INCOG.

PHILADELPHIA.

Dec. 8, 1860.

I SEE your Boston correspondent is quite disposed to feel irritable at the prominence which Philadelphia has gained, as a seat of medical learning, reclaiming loudly in favor of the little Athens of America. This exhibition of feeling is entirely unnecessary, if not entirely improper. The position which Philadelphia has gained in the medical world, though enviable, has not been sought by any unworthy arts or means. Her schools rank high, because her teachers are capable, and eminent in their several departments; her medical works are the best that are published; and her periodicals are deservedly esteemed among the first in the country. The city that thus excels in every department of medicine, must and ought to bear away the palm of excellence, and has a right to consider itself the "hub of the medical universe." I do not mean to depreciate the medical character of any other city, least of all of Boston, which is entitled to an important place in the medical history of our country. I merely state an invariable and inevitable law, which is based on the nature of things. And it is to this special topic, suggested by your Boston correspondent, that I desire to confine my letter.

How can a medical school attain the highest and most substantial reputation? I answer, by the most thorough course of instruction given by medical schools, and not by the number of its students and graduates. The latter will follow the former as a natural result, but the former should be the sole aim of the Faculty. This has been the highest aim of the Philadelphia schools. I recur with pride to the long list of teachers, who, by striving with honorable emulation, not only gave to their individual schools eminence,

but won for themselves the highest positions in the professions. I may here add, that I have ever thought it a great mistake when a school has sought to fill its vacancies with some distinguished teacher from a distant city. We always have in our midst young men who, if placed in these responsible positions, would soon develop talents of the highest order. In this respect the University presents a strong contrast to the Jefferson school, and in my estimation is far more deserving the patronage of the profession of Philadelphia. Instead of sending abroad for professors, it has filled its chair of Anatomy with LEIDY, its chair of Surgery with HENRY H. SMITH, and recently its chair of Medicine with PEPPER, men who will prove themselves worthy of their predecessors, and the equals, if not the superiors of any Southern or Western importations.

In medical literature Philadelphia must hold the first position, because of the excellence of her works. I do not now refer to the re-publications with which she supplies the country, and for which she deserves great credit, but to the original works emanating from her own authors. She has produced more standard scientific medical works than the entire country besides, and of these many will long remain unsurpassed.

Finally, in periodical medical literature, Philadelphia long has, and, I believe, long will, maintain the supremacy. And when I say this, I allude especially to periodicals of domestic growth. The *American Journal of Medical Sciences* has been the first American periodical for more than a quarter of a century, and will retain that position for the same period to come. In periodical literature we have the same importations as in the schools. The *Medico-Chirurgical Review* is a fair representative of western education and ideas, and has little claim upon the sympathies of the profession of this city, and meets with little encouragement. The *Reporter*, like the last-mentioned periodical, is also an importation, and is a fair representative of New Jersey education and enterprise. It draws upon New York for its most interesting matter, and I understand that its principal editorials are written by a political doctor of your city; certain it is, that they smack too much of the medical politics of New York to be agreeable to the palate of Philadelphians.

In this reclamation in favor of Philadelphia, I have not been influenced by any local feeling other than what would be excusable in a person intimately connected with the profession of this city, for the better part of a life of three score years.

SEXEN.

FOREIGN CORRESPONDENCE.

Letter from DAVID P. SMITH, M.D.

EDINBURGH.

October 26.

YESTERDAY I had the pleasure of meeting Mr. Jones, of Jersey, at Dr. Simpson's, at dinner. In the course of conversation, Prof. S. spoke in high terms of the *veratrum viride*, as an arterial sedative, remarking especially upon its compatibility with stimulants. Mr. Jones detailed his method of treating delirium tremens, which was by the use of digitalis. He now gave one half ounce of the tincture, of the strength prescribed by the London pharmacopoeia, and repeated it every three hours until it controlled the delirium. In speaking of excision of the joints, on which subject he may justly speak *ex cathedra*, he remarked he had lately excised the ankle successfully in quite a number of cases. He had no fixed incision, but cut wherever the pre-existence of fistulous openings made it most convenient. He urged the importance of not hurrying the operation, but by taking plenty of time to remove both malleoli and articulating surface of the astragalus without injury to the soft parts. He mentioned the case of a girl where he had excised the ankle-joint of one leg, and the hip-joint of the other, leaving her well. He also had had a case followed

by complete recovery and preservation of the movements of the arm, where he had removed the whole of the scapula and one inch and a half of the acromial end of the clavicle. Another extraordinary case had occurred to him, in which after returning the sac of an umbilical hernia in a woman, aged thirty, he had operated for radical cure by transfixing the loose sac of integument and cellular tissue close to its base, it being of large size, with needles carrying threads, and then, after cutting off the loose sac of integument, just sewing up the aperture in the abdominal walls. Prompt recovery followed.

Mr. Jones insisted much on the after treatment of surgical cases, and considered that quite as important as the skilful performance of the operation. He said some of his cases of excision of knee-joint grew afterwards, and others did not *keep pace* with the opposite limb. Prof. S. remarked that there was a tombstone in Wales nearly two hundred years old, which bore upon it an inscription stating that the defunct was a forty-first son—of one father and one mother—and father of twenty-eight children. Prof. S. remarked that he had found *actea racemosa* very efficacious in lumbago, in doses of 30 drops.

Oct. 31.—I was shown by Dr. Begbie, in the Royal Infirmary, a man in quite good health, from whom, within the last six or eight months, there had been taken from 800 to 1000 ounces of purulent fluid by thoracentesis. He remarked, that when the effused fluid was purulent there was no necessity for preventing the entrance of air into the pleural cavity. Accordingly, a bistoury was used in this case, and as often as the fluid re-accumulated a fresh opening was made. Now the man appears quite well; no effusion, and chest quite resonant. Dr. B. also showed me a patient in whom the spleen occupied the whole of the right half of the abdomen. The prescription given to an apparently healthy man laboring under well marked epilepsy, was, 1st: Abstinence from meat; 2d, Entire disuse of alcohol; 3d, A seton in the neck; and 4th, One-third of a grain of ext. belladonnæ bis die. A case recently occurred in the medical wards of a somewhat unusual character. When admitted, the man was laboring under all the symptoms of advanced tracheitis. On percussion, an abnormal dulness was thought to exist just behind the manubrium of the sternum. A certain diagnosis was not made out. In a few hours, suffocation impending, tracheotomy was performed, but no relief obtained, and the patient succumbed. On post-mortem, a small aneurism of the aorta was found, which pressing on the trachea had produced death by mechanical obstruction. I also witnessed the post-mortem of a man who was admitted to the hospital laboring under ascites from cirrhosis of the liver. He appeared to be doing very well until one day he complained of soreness of the throat and was hoarse. His throat, which I saw myself, was slightly congested; but his speech was vocalized and not in a whisper. The next morning he was found dead in his bed. On examination acute laryngitis was found to exist, with great effusion into the sub-mucous tissues. The fact that he was seen late the preceding evening with but trifling evidences of disease, shows the rapid progress of the effusion.

Nov. 2.—A case being shown of healing lupus with frightful scars upon the head and face, showing loss of integument and bone, Prof. Bennett questioned the man very closely and elicited from him that he had been salivated four times, once eight years before the occurrence of venereal disease, and three times subsequent to the contracting of a chancre and bubo. Disease of the skin and cranial bones appeared after the second salivation. Prof. B. named the disease mercurial poisoning, and prescribed stimulants, tonics, and good diet. In a case of general oedema with soreness of the back, scanty urine with albumen and granular casts, and great tendency to sleep, which cupping in the region of the loins had failed to relieve, Prof. Bennett ordered the abstraction of eight ounces of blood from the arm to relieve the congestion, and the administration of cream tartar. In remarking upon two cases of jaundice he said he never

gave mercury until a sufficient time had been given for nature to act.

Nov. 5.—The medical lectures in the University began today. I attended the lectures of Professors Miller, Simpson, Syme, and Goodsir. Prof. M. remarking that he stood to the class *in loco parentis* gave the young men some very good advice upon the proper use of their time, and the avoidance of evil habits. Prof. Simpson enlarged upon the great importance of his branch of the healing art, remarking that proper hygienic care, and a more intelligent consideration of children's diseases had, within the last one hundred years, reduced the mortality of children, in London, under five years of age from 74 deaths in every 100 to 31 in 100. The mortality of lying-in women had also been greatly diminished. In approving of the operation of ovariectomy, he remarked he had within a day or two received a letter from Dr. Clay, in which he said that he had removed the ovary in 99 cases, of which 30 had died. Prof. Syme remarked upon the great importance of not being easily influenced by every new and untried doctrine. He considered the adherence to principles carefully adopted to be the crowning excellence of a surgeon. In commenting upon this, he instanced the case of a young surgeon who, by way of a net, wrote a pamphlet extolling the efficacy of injections of iodine in healing fistulas in ano. The net being spread, fish were caught but could not be cured, and the want of judgment in adopting this false principle interfered much with the young man's advancement. A lad, twelve years old, was shown with one elbow ankylosed with the arm extended. Early in life he had sustained fracture of the lower end of humerus which had been allowed to unite with the arm in this faulty position. Prof. S. proposed to reflect the soft parts by the usual H-incision, and then saw out the joint from behind forwards on account of the obstacle that the ankylosis would present to the turning out of the ends of the bones. I may remark that this would be similar to the operations performed by J. Rhea Barton and Gurdon Buck upon the knee-joint. Prof. S. remarked upon the great importance of removing what would seem to be an undue amount of bone, in order to insure the union of the bones by a ligament which would allow of freedom of motion.

Medical News.

APPOINTMENTS.

MONTREAL GENERAL HOSPITAL.—Dr. CRAIK, Demonstrator of Anatomy in the Faculty of Medicine of McGill College, Attending Physician, in place of Dr. Sutherland, resigned.

Dr. D. H. AGNEW has been appointed Curator of the Pathological Museum of the Philadelphia Hospital.

PERSONAL.

Dr. LAVELL delivered the general introductory of the Faculty of Medicine of Queen's College, Kingston, Canada.

—D. C. McCULLUM, M.D., delivered the introductory of the Faculty of Medicine of McGill College, Canada.

—Dr. H. D. NOYES, Surgeon to the New York Eye Infirmary, is organizing a class for the study of Ophthalmoscopy.

—Dr. HIRAM CORLISS, of Union Village, Washington Co., New York, has had his office partially destroyed by a mob, on account of his efforts to enforce the Excise laws.

—Dr. WM. W. SANGER has resigned his position as Resident Physician of the Island Hospital, Blackwell's Island.

—Dr. L. J. WILLIAMS, Surgeon, and Dr. C. E. LINING, Assistant Surgeon to the Sloop-of-War Cyane, in the Pacific, left in the California steamer, December 1.

—Dr. JOHN H. GRISCOM was elected President of the American Prison and Reformatory Association at its late session in this city. —Dr. J. H. JEROME, Physician to the Marine

Hospital, S. I., has been forcibly deprived of the furniture of his house and office, and charges the Commissioners of Emigration with being concerned in the offence.

BIRTHS.

MINER.—On Nov. 23d, at Noank, Conn., ABBIE J., wife of O. E. MINER, M.D., of a son.

DEATHS.

SAWYER.—At Raymond Centre, Racine County, Wis., Sept. 6, 1860, of scarlet fever HELEN H., daughter of Gov. H. H. SIBLEY, of Minnesota, and wife of Dr. S. J. SAWYER, of Raymond, in the 20th year of her age.

NEW YORK HOSPITAL.—The following gentlemen have been appointed Junior Assistants:—Surgical, Drs. G. R. Cutter and H. M. Sprague; Medical, Dr. F. L. Town. Dr. D. F. Weir has been appointed Resident Physician in place of Dr. J. C. Acheson, resigned.

The State Medical Society's Committee on the Topography and Hydrography of the State, call for further responses to their Circular.

THE SLANDER SUIT OF FISHER vs. STONE, recently on trial at Chicago, terminated November 17. The verdict was in favor of the defendant, H. P. Stone, and against Dr. Fisher.

THE authorities of the Pennsylvania and Philadelphia Hospitals are about to establish pathological museums in connexion with their respective institutions. The authorities of the latter hospital are about to erect a new theatre.

MR. EDMUND BELFOUR, for fifty years Secretary of the Royal College of Surgeons, of England, has had a piece of plate, valued at two hundred guineas, presented him for his fidelity.

NECESSITY OF BEARD.—MR. CHADWICK says that he was once very much struck by seeing some blacksmiths, who wore beards, with their mustachios discolored by a quantity of iron-dust which had accumulated amongst the hairs. It occurred to him, on reflection, that but for the beard the dust would have found its way into the lungs. He therefore advises all laborers in dusty trades, as millers, bakers, masons, etc., to discard the razor.

AMERICAN JOURNAL OF INDIGENOUS MATERIA MEDICA.—This is a monthly journal of 32 pages, to be "devoted to the advancement and dissemination of a knowledge of our indigenous materia medica." The first number contains articles of practical interest by well known writers in this department. The field which this periodical enters will yield abundant fruits if thoroughly cultivated. It is published by B. KEITH, at \$1 per year.

JOURNAL OF HUMAN SCIENCE.—This is the title of a periodical, edited by PROF. W. BYRD POWELL, of Covington, Ky. The editor alleges that he has made various discoveries in phrenology and human science of value to physicians.

HOW TO RENDER CLOTHING NON-INFLAMMABLE.—The *Lancet*, in calling attention to the frequent cases of deaths by fire, states that the two solutions found most effectual are tungstate of soda and sulphate of ammonia, the former being preferable for woven fabrics, since it allows the iron to pass smoothly, whereas other salts do not. The following are the directions for their use:—"The solution which does not become clear must be made with warm water, and should be well stirred. A sheet of linen is then soaked in it and dried. The articles of dress, or curtains, after being well starched, blued, and rough-dried, are saturated in the solution, then rolled in the above piece of linen, and ironed as usual."

PHILADELPHIA.—It is interesting to note the increase of population of this city. In 1684 it had 2,500 inhabitants. In 1777 or 1778, by a census ordered by Lord Cornwallis, it had (exclusive of the army and strangers) 21,767; in 1790, 42,520; in 1800, 70,287; 96,387 in 1810; 119,325 in 1820 (up to this date it was the largest city in America);

167,325 in 1830; 258,037 in 1840; and 408,762 in 1850—showing an increase of 58½ per cent. in the decade prior to 1850, and of 953½ per cent. in the years prior to the same date. The population of Philadelphia, according to the present census, is 568,034; the number of dwellings 89,978, being a dwelling to nearly every six inhabitants.

COMPARATIVE PROGRESS OF NEW YORK AND PHILADELPHIA.

	New York.	Philadelphia.
1790.	33,131	42,520
1800.	60,489	70,287
1810.	96,373	96,387
1820.	123,706	119,325
1830.	202,589	167,325
1840.	312,852	258,037
1850.	515,394	408,762
1860.	821,113	568,034

MARINE HOSPITALS.—England has four hospital-ships in her fleet in the Indian Seas, viz.: The *Mauritius*, an iron steamer of 2,134 tons, fitted for 212 beds; the *Melbourne*, an iron steamer, of 1,300 tons, with 120 beds; the *Sir William Peel*, a wooden steamer of 1,500 tons, fitted for 100 beds; and the *Lancashire Witch*, accommodating 96 men. It is said that the "sick and wounded are attended with the same care and solicitude as in the best London hospitals."

TO CORRESPONDENTS.

J. J. C.—All medical works will be reviewed in the MEDICAL TIMES as soon after their issue as possible, and by competent writers.

G. K. A.—The report was duly received.

J. K. L.—Will accept our thanks for his favors.

W. B.—Your strictures upon the unprofessional conduct of the physicians of your vicinity, in the case alluded to, are just, and will have as much weight as anything we could say. We beg you not to think that this disregard of all professional courtesies is peculiar to your own neighborhood.

We beg to renew our request to our American exchanges, to be informed of the amount of fee paid to chemical experts for the analysis of the stomach and contents, with other portions of the body, in cases of suspected poisoning.

BRITISH AMERICAN JOURNAL.

Your question is difficult to answer, because it is vaguely put; the amount of labor required is not stated. Was the analysis required to be made in search of one article known or suspected to have been given, or was it made in search of any poisonous substance that may have been administered? Was the analysis a quantitative one, or merely qualitative? For the minute and laborious investigation made by Professor Doremus in the Stevens case, we believe the fee paid was about \$3,000, but in this case it will be recollected that two entire bodies were subjected to scrutinizing investigation. In making these chemical analyses it should be borne in mind that the labor is not ended when the analysis is complete; there is the examination of the chemist before the Coroner's Jury, before the Grand Jury, and before the Criminal Court on the prisoner's trial. There is the cross-questioning on that and many other irrelevant subjects, to try to show to the jury that the chemist is not perfect, that he does not know everything, and therefore his testimony is of but little value in the present case.

There is another and more important feature to be borne in mind. A fellow-creature's life depends upon the skill, judgment, and honesty of the analyst; there can be here no mere suspicion, the poison must be positively shown to exist, not by one, but by all the known reagents; and if the quantity of poison is small, it must be shown that there is enough present to destroy life. We think for the amount of scientific skill, labor, and annoyance in the Stevens case, that Professor Doremus was inadequately paid, and if the case to which our friend refers was of that nature, we think the charge should be equal. For the analysis of a stomach and its contents, with the intestines, when the search is for one article only, known or suspected to have been administered, the minimum charge should be \$500, and larger in proportion to the labor and scientific skill required. When our fees more nearly approach those of our professional cousins, the lawyers, our skill and judgment will be more highly appreciated.

NEW YORK, Dec. 4.

SAML. R. PERCY, M.D.

What is the "ingenious method of treating prolapsus of the funis," introduced by Dr. Thomas, of the Bellevue Hospital, New York?
Miss, Nov. 28, 1860. W. T. WARD.

[It consists in, *First*, Placing the patient on her elbows and knees; *Second*, In returning the cord, which is easily done owing to the falling of the viscera and fetus forward (it will often recede spontaneously); and, *Third*, In maintaining the patient in this position until one or more pains force the head so firmly into the strait, that the cord cannot again escape.—ED. MED. TIMES.]

H. O. H.—Your note of November 89 is received. You will receive a package from this office, which you will please use at your discretion.

What shall be our Title?—Under the caption "What shall be our Title?" you some time since very forcibly pointed out the necessity of a new title by which to designate the legitimate practitioner of medicine. You very properly pointed to the *American Medical Association* as the power which was to confer the degree. I have long felt that some

action by the profession was required, and anxious to elicit an expression of opinion upon the subject, allow me to suggest a plan which I have entertained for years. I propose that the *American Medical Association* elect a Board of Examiners, say one from each State, who shall constitute a "College," and have the power of conferring degrees, or a degree, with the title "Fellow of the American Medical Association," or something to imply the same. Of course these Professors are not to give lectures, or instruction in any manner. They should have power, however, to establish their own standard for the degree which they confer—and by virtue of such power they may exclude, not only students, but colleges and universities. I mean to say that they may decide whether graduates of certain colleges shall be permitted to come before them for examination or not. This college would, therefore, directly or indirectly, control all medical colleges.

A. C.
Mich., Nov. 27.

COMMUNICATIONS have been received from:—

Dr. WM. MASON TURNER, Va.; Dr. WM. BRODIE, Mich.; Dr. GEO. SUCKLEY, N. Y.; Dr. J. K. LEAMING, N. Y.; Dr. O. E. MINER, Ct.; Prof. JOHN OGDONNAUX, N. Y.; Prof. CHAS. A. BUDD, N. Y.; Dr. J. J. CULLE, Md.; Prof. AUGUST FLINT, New Orleans; Dr. DAVID P. SMITH, Edinburgh, Scot.; Dr. T. C. MOFFATT, N. Y.; Dr. J. W. HUNT, N. J.; Dr. GEO. K. AMERMAN, Ill.; Dr. EDWARD HALL, N. Y.; Dr. A. E. VAN DUSEN, N. Y.; Dr. A. D. HARVEY, N. Y.; Dr. R. A. VARICK, N. Y.; Dr. H. D. HOLTON, Vt.; Messrs. MERRILL & CO., O.; Dr. W. H. PITCHER, N. Y.; Dr. G. P. HACKENBERG, N. Y.; Dr. A. H. KNAPP, N. Y.; Dr. J. K. LEAMING, N. Y.; Dr. T. F. HALL, N. Y.; Dr. H. JEWETT, O.; Dr. T. K. PRIOLEAU, S. C.; Dr. J. S. BEIGHAN, Vt.; Dr. D. C. HOLLEY, Mich.; Dr. J. J. VAN RENSSLAER, N. Y.; Dr. T. B. PARMELEE, N. Y.; Dr. E. S. ALLEN, N. Y.; Dr. S. V. R. GOODRICH, N. Y.; Dr. C. W. COOPER, N. Y.; Dr. G. P. UPHAM, N. Y.; Dr. WETMORE, N. Y.; Dr. R. HUBBARD, Conn.; Dr. L. DAVENPORT, Mich.; Dr. A. WORTHINGTON, Ala.; Dr. W. T. WARD, Miss.; Dr. H. O. HUTCHCOCK, Mich.; Dr. W. T. STILWELL, Mich.; Dr. C. V. MOTTRAM, Mich.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 24th day of November to the 30th day of November, 1860.

Deaths.—Men, 103; women, 92; boys, 112—total, 407. Adults, 193; children, 214; males, 205; females, 204; colored, 4. Infants under two years of age, 143. Among the causes of death we notice—infantile convulsions, 25; croup, 16; diphtheria, 13; scarlet fever, 21; typhus and typhoid fevers, 10; consumption, 65; small-pox, 4; dropsy of head, 12; infantile marasmus, 20; inflammation of brain, 13; of lungs, 39; bronchitis, 7; congestion of brain, 13; of lungs, 4; erysipelas, —; whooping cough, 4; measles, 2.

Nov.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Therm.		General direction of Wind.	Mean amount of cloud.		Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.		0 to 10.	10.	
	IN.	IN.	°	°	°	°	°				IN.
24th.	29.69	.54	30	16	45	3	5	W.	8		
25th.	30.07	.31	21	15	27	3.5	5	W.	0		
26th.	30.24	.59	31	20	40	4	5	SW.	7		
27th.	29.97	.11	46	41	51	1.5	2	W.	6		.6
28th.	29.92	.06	35	31	40	5	7	SW.	10		
29th.	29.81	.31	43	40	46	5.5	8	SW.	4		
30th.	29.47	.41	42	40	46	2.5	4	SW.	8.5		

REMARKS.—25th, wind fresh all day; 26th, wind light, cloudy P.M.; 27th, rainy all day, calm; 28th, wind light all day, clear P.M.; 29th, fog A.M.; clear P.M., wind light; 30th, light rain P.M., wind light.

MEDICAL DIARY OF THE WEEK.

Monday, Dec. 10.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Dec. 11.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
Wednesday, Dec. 12.	{ EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, half-past 1 P.M. N. Y. PATHOLOGICAL SOCIETY, half-past 7 P.M.
Thursday, Dec. 13.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M.
Friday, Dec. 14.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Church 1½ P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Dec. 15.	{ BELLEVUE HOSP., Dr. Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

SPECIAL NOTICES.

BELLEVUE HOSPITAL.—On Saturday (this day), Dec. 8, Dr. JAMES R. WOOD will commence his winter course of lectures on Operative Surgery, illustrated upon the subject.

Queru's Cod Liver Oil Jelly.



Approved by the N. Y. Academy of Medicine, and containing truly 85 per cent. of oil as demonstrated to the Academy, Section of Materia-Medica, by operating before them the 17th of Sept., 1859.

This Jelly is acknowledged to be twice as efficacious as the crude oil, because being made a solid it is retained in the stomach however disordered it may be; when, on the contrary, if the stomach is not in a proper condition (as in most of the cases where the oil is indicated), the liquid oil will pass off undigested, and consequently inoperative.

The Jelly is prepared either from the white American or the light brown Norwegian Cod Liver Oil.

QUERU'S JELLIFIED CASTOR OIL.

E. QUERU, Practical Chemist, 135 Fourth Avenue, New York.

Penfold, Parker & Mower, 15 Beekman Street, Wholesale Agents.

Otto & Reynders, Manufacturers and

Importers of SURGICAL, ORTHOPEDICAL, and DENTAL INSTRUMENTS, TRUSSES, etc., 58 CHATHAM STREET, New York.

Abdominal Supporters, Shoulder Braces, Stockings for Varicose Veins, Electric Machines, Ear Trumpets, Fracture Splints, Crutches, Syringes, Enemas, Fine Cutlery, etc.

O. & R. are prepared to furnish the apparatus introduced by Dr. Davis, for the TREATMENT OF HIP DISEASE, as directed for his own patients. This mode of treatment originated with Dr. Davis, and, as we have made his apparatus for several years, we have every facility for making the same.

This Truss has

now been in use some three years, and its practical working in thousands of cases has more than verified the high encomiums so universally bestowed upon it when first introduced. It has already effected many radical cures, and marked improvements have resulted from its use in every instance, while injury, by pressure upon the cord, or by enlargements of the openings, has occurred in no case.

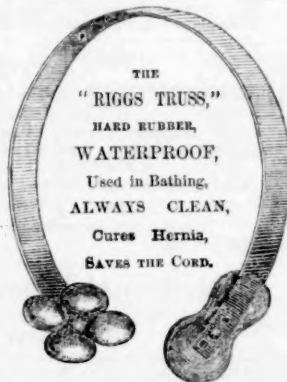
Besides the concurrent testimony in its favor, of the prominent surgeons of this city and Brooklyn, the following are average specimens of hundreds from correspondents in different parts of the country.

Dr. Armstrong, an eminent surgeon of Porto Rico, says, "I consider the 'Riggs Truss' superior to all others, and recommend and apply no other."

Dr. Gosling, Shelbyville, Tenn. "The principle of the multiplied truss is correct, and will accomplish ALL THAT TRUSSES POSSIBLY CAN DO."

Dr. Bontecon, of Troy, says, "I wish to introduce them in this city, being satisfied they are superior to all others."

Dr. Crafts, of Binghampton, writes, "I can truly say, the cases I have treated by your truss promise a cure, and all who are wearing it are highly pleased."



THE "RIGGS TRUSS," HARD RUBBER SYRINGES.

A GREAT VARIETY OF

SURGICAL INSTRUMENTS AND APPLIANCES, AND
DRUGGISTS' ARTICLES

(all of this inimitable material), manufactured by the

AMERICAN HARD RUBBER COMPANY,

and for sale by all druggists throughout the country.

Dr. Riggs' office for the radical treatment of Hernia, Varicocele, &c.,

BARCLAY STREET,

Under the ASTOR HOUSE, N. Y.

New Stores, Nos. 84 & 86 Reade, corner of Church Street.

Pharmaceutical Granules and Dragees (Sugar-Coated Pills)—of

GARNIER LAMOUREUX & CO.,

Members of the College of Pharmacy, Paris.

ALL THE PILLS OF THE U. S. PHARMACOPEIA.

ALL PREPARATIONS OF IRON, QUININE, SANTONINE, ETC.

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